



# ESC Strasbourg, France Application

**Step 1.** Please complete, sign, and return this basic application form below per email to: CEPA Foundation c/o Abigail Lynch [programs@cepa-foundation.org](mailto:programs@cepa-foundation.org)

**Step 2.** Once CEPA Foundation has received your application, we will provide you with detailed information on how to register as a visiting student at West Virginia University (WVU). This is necessary in order to be enrolled in the University of Strasbourg and to receive transfer credit at the end of the semester. This is the comprehensive, online student account to which both WVU and CEPA have access and will monitor.

*Please print or type clearly.*

I am applying for the:  Fall Semester  Spring Semester Year: \_\_\_\_\_  
 Summer Intercultural Communication and Global Leadership Program

## Personal Information

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

male  female  other

Citizenship(s): \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_

Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

## College/University Information

University Name: \_\_\_\_\_

Major: \_\_\_\_\_

Current cumulative GPA\*: \_\_\_\_\_

How did you hear about this program? \_\_\_\_\_

\_\_\_\_\_

### My Study Abroad Advisor:

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

### Passport Information

*(required no later than 4 months before the program begins)*

Passport No.: \_\_\_\_\_

Expiration date: DAY / MONTH / YEAR \_\_\_\_\_

Place of issue: \_\_\_\_\_

Date of issue: DAY / MONTH / YEAR \_\_\_\_\_

Date of birth: DAY / MONTH / YEAR \_\_\_\_\_

*This section to be approved and signed by your study abroad advisor.*

**This is a credit bearing program.**

\_\_\_\_\_  
Signature - Study Abroad Advisor

Date: \_\_\_\_\_

## For Semester Students Only:

Which track would you like to choose?  European Politics / EU Studies (IEP)  International and European Business (EM)

I would like to purchase the additional \$1,500 cash allowance to cover meals not included in the program fee.  Yes  No

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



For office use only - please do not mark in this space.

Date received \_\_\_\_\_

ID Number \_\_\_\_\_

Employee \_\_\_\_\_

Final score/date \_\_\_\_\_

# Scholarship Application Form

Please print or type clearly and return this form together with your initial program application for a CEPA Foundation study abroad program. For more details or assistance to complete this form, please contact [scholarships@cepa-foundation.org](mailto:scholarships@cepa-foundation.org)

## Personal Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

## Study Abroad Program & Scholarship Information

I am applying for a scholarship to be applied toward the following CEPA Foundation study abroad program: (Please choose only one scholarship)

### First-Generation Scholarship

Strasbourg, France

Heidelberg, Germany

### Global ESC Scholarship

Strasbourg, France

Heidelberg, Germany

### Emerging Global Leaders Scholarship\*

Strasbourg, France

### Summer Intercultural Leadership Scholarship

Strasbourg, France

### I qualify for a "Go Again" Grant

Strasbourg, France

Heidelberg, Germany

Fall Semester  Spring Semester  Summer Year: \_\_\_\_\_

## Scholarship Application Package

Please return the following required documents according to the deadlines listed below. Please be sure that the scholarship application is complete and accurate.

Required:

- Completed initial program application
- Scholarship application (this form)
- Proof of a minimum 3.0 GPA (current unofficial transcript)
- Signed and completed Payment Deferral Request Form (if applies)
- Resume
- Personal essay (see instructions in the box)

Submitted materials will only be used for the purpose of evaluation and will not be returned.

## Deadlines:

Summer :	<b>March 1</b>
Fall Semester :	<b>April 1</b>
Spring Semester:	<b>October 1</b>

Please note: Scholarship deadlines are different from the initial program application deadlines. To be eligible for a scholarship, you need to apply for a CEPA Foundation study abroad program in combination with your scholarship application.

### Your personal essay should answer one or more of the following questions in 400-500 words:

- Describe how a personal experience or person in your life has motivated you to study abroad?
- What are your personal, academic, and career goals while abroad?
- How do you think or hope that your study abroad experience will affect your life once you return home?

\* If applying for the Emerging Global Leaders Scholarship, please additionally include your accomplishments as a student leader.

### To be completed by your study abroad advisor:

- Student WILL receive credit
- Student WILL NOT receive credit

\_\_\_\_\_  
Study Abroad Advisor's Signature

Date: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please sign, date, and return the complete scholarship application package to:  
**[scholarships@cepa-foundation.org](mailto:scholarships@cepa-foundation.org)**

CEPA Foundation, Burgweg 24, Im Schloss, 74379 Ingersheim, Germany  
Phone: +49 7142 95 65 50 Fax: +49 7142 95 65 44

**Non-profit 501(c)(3) Public Charity - Tax ID 99-0375496**



**CEPA Foundation Strasbourg Payment Deferral Request Form**

*To be Completed by Program Participant – Please use block letters*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Home Institution \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Study Abroad Program (Incl. Term & Year): \_\_\_\_\_

Study Abroad Provider in Europe: CEPA Foundation, Inc.

**Authorization Release**

I authorize release of my financial aid information to CEPA Foundation Inc.

**Participant's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*To be Completed by your College/University Financial Aid Advisor*

Dear Financial Aid Advisor,

This form is required to be completed and verified by the financial aid advisor of all students requesting a Deferral for their CEPA Foundation study abroad program fee. We therefore ask you to please list the amount of financial aid the student listed above will receive for the semester in which he/she is going abroad (i.e., scholarship or Pell Grant should be listed for either the Spring or Fall semester, etc.) Please enter net proceeds for loans. Please subtract any processing fees. Also, please indicate to whom checks will be made out and sent.

FINANCIAL AID OR AWARD TYPE	SCHOLARSHIP	PELL GRANT	STAFFORD LOAN	OTHER
Amount of Aid				
Confirmed Disbursement Date				
Check will be made PAYABLE to:	Student/CEPA	Student/CEPA	Student/CEPA	Student/CEPA
Check will be SENT to:	Student/CEPA	Student/CEPA	Student/CEPA	Student/CEPA

TOTAL AMOUNT OF AID: \$ \_\_\_\_\_



If the above amounts are estimates at the time of completing this form, please note the date when the final amounts can be confirmed. Please use an additional sheet if more space is required.

**Financial Aid Advisor First/Last Name:** \_\_\_\_\_

**College/University:** \_\_\_\_\_

**Telephone: (\_\_\_\_\_) \_\_\_\_\_**

**Fax: (\_\_\_\_\_) \_\_\_\_\_**

**Email:** \_\_\_\_\_

**Financial Aid Advisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Stamp from College/University**

If you have questions, please contact Abigail Schleicher at: [abigail.schleicher@cepa-foundation.org](mailto:abigail.schleicher@cepa-foundation.org)  
+49 7142 956550