

KANSAS/ASIA SCHOLARS APPLICATION MATERIALS: KOREA PROGRAM

INSTRUCTIONS:

Please ensure that **all of your application materials**, including reference letters, are submitted **by 4:00 pm on Friday, October 7** to:

Professor Ed Canda
Twente Hall
1545 Lilac Lane, Rm. 203
School of Social Welfare
University of Kansas
Lawrence, KS 66045-7574
(785) 864-8939

Please submit an original and one copy of:

Program Application Form (see attached)

Commitment to Expectations Form (See previous link)

Statement of Purpose (see below)

Autobiography (see below)

Transcript or ARTS form

Two Letters of Reference (submitted by instructors. see below.)

Autobiography:

Please write a one page essay describing yourself. Please include any experiences that involved service to your community and any aspects of your history that have led to your interest in Asia.

Statement of Purpose:

Please write a one to two page statement describing how participating in the Kansas/Asia Scholars program would help you advance toward your personal and academic goals. Please include your thoughts on the ways that service learning experiences might benefit your personal and/or professional growth. Describe your current professional goals and explain how a greater understanding of an Asian country might help you achieve those goals.

References:

Please ask two instructors to forward reference letters on your behalf on one of the attached forms to Ed Canda (School of Social Work) at the above address by **4:00 pm on October 7**. The reference letters should address your academic ability as well as any other relevant information about you. At least one reference letter must be from a social work course instructor (see the selection criteria).

**KANSAS/ASIA SCHOLARS
2005/2006
PROGRAM APPLICATION FORM**

Country: Korea

Personal Data

Last Name First Name Middle Name KUID

Birthdate (month-date-year) M / F
Gender Social Security No.

Current Address (when school is in session) **Permanent Address** (when school is not in session)

Street address is valid until Name of Parent/Spouse/Other

City, State, Zip Street

Phone (include area code) City, State, Zip

Email address (registered with KU) Phone (include area code)

Can you be reached by email when school is not in session? **yes/no** _____
Email address (if different from one already listed)

Nationality (and immigration status if not U.S. citizen): _____

Academic Data

Major School GPA as of semester/year

Hours completed by August 2005 When do you intend to graduate?

Names of other institutions attended

Degree(s) awarded Date(s) awarded

How did you hear about this program? _____

Please see next page.

Foreign language study:
Language _____ High School (years) _____ College (semester hours) _____

Courses currently enrolled in: _____

Extracurricular Activities, Scholarships, Honors: _____

Travel or Study Abroad Experience: Please list countries visited, approximate dates, and study program, if applicable: _____

References

The following professors or instructors have been asked to submit reference letters:

Name: _____ Institution and Dept: _____

Name: _____ Institution and Dept: _____

Interviews

If selected as a finalist for this program, you may be asked for a brief interview by phone or in person.

Agreement and Release

I affirm that the information given in this application is true and correct to the best of my knowledge. I agree to allow the School of Social Welfare access to academic and financial records available through the University of Kansas.

Signature: _____ Date: _____

Name (print): _____

All materials must be received by 4:00 pm on Friday, October 7, 2005.

KANSAS/ASIA SCHOLARS

REFERENCE

To be completed by student

Note to applicant: Please indicate your name and KUID. It is your option to sign the Student Waiver Statement.

_____ Country: Korea
Name of Applicant KUID

Student Waiver Statement

I understand my right under the provisions of PL 93-380-.513 (Family Educational Rights and Privacy Act of 1974) to inspect letters of recommendation written on my behalf. In order to encourage the authors of letters about me to write with candor, I have elected not to exercise my rights under this statute and affirm that I shall not do so in the future. I understand that this document will be used only for the purposes of evaluating my qualifications for the KAS program by the University of Kansas program administrators and/or selection committee members, and cooperating institutions, and will not be available to any other institution, organization or party.

Applicant Signature

Date

To be completed by referee

Participants in the Kansas/Asia Scholars program will be chosen on the basis of their academic records, personal qualifications, and evaluations by instructors. In addition to academic potential, KAS students will require maturity and a cooperative spirit, particularly while representing the University in the study abroad and service learning aspects of this program.

Please indicate how long and in what capacity you have known this applicant. Describe how well you think this applicant will make use of this opportunity, taking into consideration his/her character, adaptability, stability, and academic competence in comparison with other students at similar stages in their careers. If you have knowledge of the student's demonstrated interest in Asia, relevant linguistic preparation, leadership potential, or any other factors that you believe may impact upon a successful study abroad and service learning experience for this student, please comment on these questions as specifically as possible.

(Over)

Comments: (please type if possible)

_____ Referee's Signature		_____ Date
_____ Name (please type or print clearly)		_____ Position/Title
_____ Office Address	_____ Email	_____ Telephone
_____ Institution	_____ City, State, Zip	

Please return this form directly to:

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University of Kansas
Lawrence, KS 66045-7574
(785) 864-8939

KANSAS/ASIA SCHOLARS

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(Over)

Comments: (please type if possible)

Referee's Signature

Date

Name (please type or print clearly)

Position/Title

Office Address

Email

Telephone

Institution

City, State, Zip

Please return this form directly to:

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