



# Application

for designation as a

## Brad Henry International Scholar

and participation in the

## Semester of Study Abroad

The Oklahoma State Regents for Higher Education (OSRHE) and the University of Wales, Swansea (Swansea University) are seeking undergraduate students from Oklahoma regional universities who have excellent academic qualifications, outstanding writing and communication skills, exemplary character, demonstrated leadership qualities, maturity and judgment for participation in an exciting student exchange program in Wales in the United Kingdom

- **Semester of Study Abroad Program**—Participants will spend either a fall or spring academic term, the dates of which approximately coincide with U.S. fall and spring academic semesters, as students at Swansea University on its campus in Swansea, Wales.

### QUALIFICATIONS

- Recipients of this award must be Oklahoma residents.
- be enrolled full-time.
- be in good academic standing
- and have completed at least 30 hours of college coursework/credits

Academic credit for these programs will be awarded by Oklahoma regional universities. Please contact your institutional representative for the Brad Henry International Scholar Program for more information.

**APPLICATION: FOR STUDENTS**

To apply for designation as a **Brad Henry International Scholar** and participation in the **Semester of Study Abroad Program**, please complete this form and deliver it, together with the required attachments, to: **Dr. Mark Hollingsworth, 140 Faust Hall by February 22, 2012** (electronic copies may be sent to **mholling@ecok.edu**).

Required attachments include:

1. Your resume,
2. Transcript of all college or university work
3. A typewritten essay of approximately 300 words which sets forth your academic and/or professional goals and how your experience as a Brad Henry International Scholar will advance those goals.
4. Two (2) letters of recommendation

*Selected students will also be required to complete the Swansea University Admission Form for Exchange and Visiting Students and an ECU Study Abroad Program Application.*

**SELECTION: FOR PRESIDENTS**

The university president will select the final institutional nominee for each academic year. The president may submit no more than one (1) institutional nominee to the Oklahoma State Regents for Higher Education **by March 15th** each year.

State Regents' staff will verify the final selections at which time the students will be notified.

**1. Personal Information**

Gender: (circle one) **M** **F**

\_\_\_\_\_  
Name: Last, First and Middle Initial

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

**Current Address:**

\_\_\_\_\_  
Street City State Zip

(\_\_\_\_\_)\_\_\_\_\_  
Current Phone Email Address

**Permanent Address:**

\_\_\_\_\_  
Street City State Zip

(\_\_\_\_\_)\_\_\_\_\_  
Permanent Phone Email Address

Do you have a valid passport? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been charged and/or convicted of a criminal offense? (circle one) **YES** **NO**  
If yes, please attach an explanation.



**Overseas Travel:** List countries, dates, and purpose.

---

---

---

---

---

**Internship Experience:** Give brief details, i.e., sponsoring organization, dates, and duties.

---

---

---

---

---

**Work Experience:** Give brief details, i.e., employer, dates, duties.

---

---

---

---

---

**Additional Information:** Please provide any additional information or commentary you think should be considered.

---

---

---

---

---

## 4. References

Please list the names and positions of at least **two** persons you've asked to write a recommendation. Preferably, they should be persons familiar with your academic work.

### Reference 1

Name		Relationship	Email Address	
Address	Street	City	State	Zip
( ) _____				
Phone				

### Reference 2

Name		Relationship	Email	
Address	Street	City	State	Zip
( ) _____				
Phone				

## 5. Health Information

Health information is required for your safety and well-being should you need medical assistance during your time abroad. It is important that program staff be made aware of any medical or emotional problems, past or current, which might affect you in a foreign study context so that they can use their best efforts to reasonably accommodate your individual needs or circumstances. As with other student records, the information will remain confidential and be shared only as needed with program staff, faculty or appropriate healthcare professionals if pertinent to your well-being. By submitting this application, you agree to this described use of your medical and health information. Please attach additional sheets if necessary to respond to the questions which follow.

Are you generally in good physical condition? (If no, please explain)	<b>YES</b>	<b>NO</b>
Have you been treated or are you currently being treated for any physical, psychological or emotional conditions? (If yes, please explain)	<b>YES</b>	<b>NO</b>
Do you have any allergies? (If yes, please explain)	<b>YES</b>	<b>NO</b>
Are you taking any medications? (If yes, please explain and list)	<b>YES</b>	<b>NO</b>
Are you on a restricted diet? (If yes, please explain)	<b>YES</b>	<b>NO</b>
Is there any additional information (concerning medical conditions or physical disabilities) that would be helpful for the program staff to know during your study abroad? (If yes, please explain)	<b>YES</b>	<b>NO</b>

## 6. Medical Treatment Authorization

By submitting this application and participating in any program which results from it, you agree that in the event of any illness or injury to you while so participating, you have and do authorize any official representative of the OSRHE, the institution in which you are enrolled, or Swansea University, to secure medical treatment on your behalf, including surgery and the administration of an anesthetic, and accept all financial responsibility for such treatment.

## 7. Required Insurance

You are required to have appropriate health and accident insurance coverage during your participation in any program which results from this application. Required coverage includes basic medical, accidental death and dismemberment, emergency evacuation and repatriation of remains. Such insurance is readily available commercially, may be obtained on-line and generally offers coverage for a specific period of time, which should include both your participation in this program and any international travel before or after the program. You will be required to submit proof of insurance as a condition of participation in the program.

## 8. Conditions of Participation

By making this application for the Brad Henry International Scholars program, you agree to participate fully and completely in all aspects of the program, including orientation, instruction, internship work assignments, excursions and evaluation. Among the conditions of participation, without limitation, are the following:

**Personal Conduct:** As a Brad Henry International Scholar, you will be a representative of the U.S., the State of Oklahoma, the OSRHE, and the university in which you are enrolled and you therefore agree to conduct yourself in a manner which will reflect favorably on these entities, your family and yourself. The OSRHE, Swansea University and the university in which you are enrolled may establish rules of conduct appropriate for the operation of the program by which you must abide both in the United States and while abroad. Should you violate these rules, or the laws of the host country, demonstrate disruptive behavior, or through your conduct bring the program or its participants into disrepute or legal or physical jeopardy, you may be removed from the program and/or face other sanctions. If you are dismissed from the program, you may lose all academic credit and will be responsible for any continuing or additional costs which arise as a result of the dismissal.

**Financial Responsibility and Withdrawal:** The OSRHE will transfer the full amount of any grant awarded pursuant to this program to the university in which you are enrolled, and your university will pay to Swansea University the full agreed amount of any charge for tuition, housing and other program costs. You will be provided with an accounting showing the amount of the grant and the amount of any payment made on your behalf. Your university will pay to you any balance remaining from the original grant proceeds to defray your costs of participation. You will be responsible for any and all other expenses and costs of participation in the program, including, without limitation, transportation and travel expenses, required insurance, food, passport and required visas, and any miscellaneous personal expenses.

If you choose to withdraw from the program for any reason, you must provide adequate actual notice of your intention to the Program Coordinator. If you withdraw for non-medical reasons, or if you are removed for disciplinary reasons, you will be responsible for return of any grant proceeds paid to you. If you withdraw for medical reasons, you must provide certification from a medical doctor that your withdrawal was a medical necessity. If your medical withdrawal occurs prior to departure from the U.S., you will be responsible for return of any portion of the grant proceeds not expended, or for which a refund can be obtained. If your medical withdrawal occurs after departure from the U.S., you will be excused from repayment.

**Independent Travel:** Should you elect to travel independently before, during or after any program in which you participate, you acknowledge and agree that such travel shall be at your own expense, and that you further agree to inform the designated representative of the OSRHE, your university or Swansea University, in writing, of your travel plans. You further acknowledge and agree that neither the OSRHE/your university nor Swansea University is responsible for you while you are traveling independently.

**Permission to Share Information:** You agree that the OSRHE, your university, and Swansea University may communicate internally, with their representatives, with your parents or guardians, and/or any emergency contact person specified in this application or elsewhere, regarding all issues arising from your participation in any program resulting from this application. Included, without limitation, in the information which may be shared are financial account information, conduct, grades or academic performance, and health and safety information. You agree that such information may be shared before, during or after the program.

**Photo Release:** You agree that the OSRHE, your university and Swansea University may photograph you and use your image in any format or medium for any public information, news, educational or non-commercial promotion.

**General Release and Waiver:** You agree to release, and by executing this application do release, OSRHE, your university, and Swansea University and the staff and representatives of these stated entities, from any and all liability for damage to or loss of property, injury, illness or death during the period of the program, arising on the part of fellow participants, any host family members, agencies and education organizations, persons or groups with which any of these named entities contracts for the provision of services for the program, or which have been suggested by program faculty as resources for regional or independent study projects.

**Certification and Agreement:** By signing and submitting this application, you certify that you are at least eighteen (18) years of age and competent to enter into an agreement, that you have read and understand the contents and terms of the application, including, without limitation, the provisions for medical treatment authorization, release and sharing of medical and student records information, and the General Release and Waiver, and agree to be bound by each of the terms of this application if you are selected for participation in either of the programs. You further certify that all responses made on this application are true, accurate and complete.

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

<b>PARTICIPATION DATE:</b>	<b>Fall 2012</b>	<b>Spring 2013</b>
----------------------------	------------------	--------------------