

MAX KADE TRAVEL GRANT

The Max Kade Travel Grant, named after the prominent German-born businessman, is made possible by a donation of the Max Kade Foundation, which promotes the mutual understanding of the people and cultures of Germany and the United States.

I: Applicant information:

Last name: _____ First name: _____

UIN: _____ Date of Birth: _____

Gender: _____ UIC Email: _____@uic.edu

Phone Number: _____

College: _____ GPA: _____

Major 1: _____ Major 2: _____

Minor 1: _____ Minor 2: _____

Enrollment Status: Undergraduate Graduate

Class standing as of current semester: Freshman Sophomore Junior Senior

Anticipated Graduation Date (mm/yyyy) _____/_____/_____

Are you applying for Financial Aid for Summer 2017: Y N

II: Statement of goals

On a separate page, please write a statement of short-term and long-term personal and professional goals and how studying abroad can help you achieve these. The statement should be no more than 1 ½ double-spaced pages.

III: Reference:

Please list the name of the UIC instructor who is familiar with your work and from whom you have requested a letter of recommendation. See attached form.

Name of instructor: _____

IV: Returnee requirement:

All grant recipients must agree to write a two-page essay upon returning from Berlin describing how their time abroad affected them personally and professionally.

I am hereby applying for the 2017 Max Kade Travel Grant (UIC funding pending). I understand that the award is contingent upon the Max Kade Foundation's availability of funds. If receiving the grant, I agree to write a return essay as stipulated above. I understand that I will not receive the funds if I decide to withdraw from the program.

Date: _____ Signature: _____

Application Deadline is Friday, March 17th, 2017.

<p>Submit your completed application to: Max Kade Travel Grant Selection Committee UIC Study Abroad Office, 502 University Hall</p>
--

Professor's Letter of Recommendation

Name of Applicant: _____

To the student: Please sign the authorization below and give this form to a professor who knows you well and has taught you, preferably in your major.

I hereby authorize _____ to complete this form.

Under the provision of the Family Education Rights and Privacy Act of 1974, I waive my right for access to this recommendation and understand that the information provided will be used only for the purpose for which it was prepared.

YES NO

Student's signature

To the professor: The individual named above has applied for the **Max Kade Travel Grant** which promotes the mutual understanding of the people and cultures of Germany and the United States. We would appreciate your assessment of this student's intellectual ability and academic motivation, past performance, maturity, and his/her potential for a successful study abroad experience. Please mail or deliver this completed form to the **UIC Study Abroad Office (M/C 227), 502 University Hall, 601 South Morgan Street, Chicago, IL 60607-7105**. Thank you.

How long have you known the applicant?
Comments:

Name (please print)

Position or Title

Department

Signature & Date

Phone #:

Recommend without reservation

Recommend with reservation

I do not recommend