



University of Colorado
Boulder

University of Colorado Boulder
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Scholarship Supplement Application Checklist

Please type or print clearly.

APPLICANT INFORMATION (as it appears in your passport)

Family/Last Name	First Name	Middle Name
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Country of Birth: _____	Passport Number: _____
Date of Birth: _____ <small>Month / Day / Year</small>	Country of Citizenship: _____	

APPLICATION CHECKLIST

All items below must be submitted before the university can process an application:

- Completed *Application Form*
- Photocopy of the identification page of the applicant's passport

Scholarship Supplement Application

Please type or print clearly.

HOUSING AND MEAL PREFERENCES

Please complete the following questions regarding housing and meal preferences.

Are you comfortable living with pets? Yes No

What are your favorite foods? _____

Are there any foods you will not eat? _____

Do you have any allergies? Yes No **If yes, please describe.** _____

Do you have any religious dietary needs (e.g. halal, kosher, etc.)? Yes No **If yes, please describe.** _____

Please check all that apply:

My character is: Athletic/Active Shy/Quiet Artistic Humorous Adventurous Independent

Other: _____

My hobbies are: Reading Sports TV/Movies Computers Socializing Listening to Music

Other: _____

Tell us about your personal habits:

Neatness: Neat – orderly and clean Casual – fairly clean with some clutter Messy – lots of clutter

Noise levels: Quiet – low key, private Flexible – respect quiet time High energy – like loud music/TV

Study habits: Study every day Study as needed Study last-minute Study in the room Study at the library Study outside

Staying up late (after 11pm): Rarely Sometimes Often

Waking up early (before 7am): Rarely Sometimes Often

Sleep sensitivity: Light sleeper Normal sleeper Heavy sleeper

Tell us your t-shirt size:

Extra-Small (XS) Small (S) Medium (M) Large (L) Extra-Large (XL) Extra-Extra-Large (XXL)

Other: _____

(continued on the next page)

MEDIA RELEASE

For Applicant:

I, the undersigned, hereby irrevocably grant permission to the EducationUSA Academy at the University of Colorado Boulder, World Learning, and the U.S. Department of State's Bureau of Educational and Cultural Affairs (ECA) and its agents, contractors, grantees, partners, and employees, or their agents and assigns, to photograph, film, reproduce, transcribe, or otherwise record and use (including release, publish, quote, or broadcast) my image and/or voice in connection with the exchange program in which I am a participant and/or in my related activities as an alum of the program.

Additionally, I hereby authorize the EducationUSA Academy at the University of Colorado Boulder, World Learning, and ECA and its agents, contractors, grantees, partners, and employees, or their agents and assigns, to release, publish, broadcast or quote such material, including my name, and any program-related material I myself may create (including photographs and writings).

With respect to this material, I understand that content may be included in future speeches, on the Internet, and through multiple broadcast channels and print media, but that such content will not be used for commercial purposes.

Applicant Signature

Date (Month / Day / Year)

For Parent/Legal Guardian:

I, the undersigned, as the parent and/or legal guardian of the ECA program participant, hereby grant the above permissions and authorizations on behalf of the above-mentioned participant.

Signature of Parent or Legal Guardian

Date (Month / Day / Year)

LIABILITY WAIVER

I approve of my child's attendance at the EducationUSA Academy at the University of Colorado Boulder and certify that s/he is in good health and able to participate in the program activities. I hereby agree to indemnify and keep harmless the United States Department of State, the Bureau of Education and Cultural Affairs, EducationUSA, EducationUSA Academy, the University of Colorado Boulder, the International English Center, and any and all agents/departments/employees against any and all liability, claims, judgments or demands for damages arising as a result of injuries sustained by the applicant during or as a result of any course or activity given the applicant during the EducationUSA Academy at the University of Colorado Boulder.

Although the EducationUSA Academy at the University of Colorado Boulder will take all reasonable steps to minimize risks for participants, I recognize that certain inherent risks may be involved in some program activities, including (but not restricted to) swimming, hiking, wilderness exploration, physical games, etc. Activities may result in exposure to plants, animals, insects, allergies, and associated diseases, and include the possibility of slips, falls, scrapes, etc, which could result in scratches, bruises, sprains, fractures, concussions, or even more life-threatening hazards. I am aware of the possible risks inherent in these activities, that this list is not complete, and that other unknown or unanticipated risks may result in injury or death. I agree to assume responsibility for risks herein identified and those not specifically identified. The applicant's participation in these activities is completely voluntary. I assume full responsibility for any and all bodily injury, death, and loss of personal property and expenses thereof as a result of any and all inherent risks and dangers associated with these activities.

I have read, understood, and accepted the terms and conditions of this document and acknowledge this agreement as legally binding upon myself, heirs, assigns, estate, and all members of my family, including minors.

Name of Parent or Legal Guardian

Telephone Number

Signature of Parent or Legal Guardian

Date (Month / Day / Year)

MEDICAL TREATMENT AUTHORIZATION

I, being the legal guardian of the above participant, authorize the EducationUSA Academy at the University of Colorado Boulder and its agents to request medical treatment as necessary or to transport the minor to a medical facility to insure the well being of the participant. I further authorize appropriate medical personnel to render such medical treatment as is necessary for the health of the minor. I agree to pay all costs associated with such medical care and transportation.

Name of Parent or Legal Guardian

Telephone Number

Signature of Parent or Legal Guardian

Date (Month / Day / Year)

CERTIFICATION AND SIGNATURE

I hereby certify that, to the best of my knowledge, the information furnished on this application is true and complete. I understand that, if found to be otherwise, it is sufficient cause for refusal or dismissal. I agree to observe all campus policies and regulations including the University honor code.

Applicant Signature

Date (Month / Day / Year)

Signature of Parent or Legal Guardian

Date (Month / Day / Year)