John Patton Scholarship

The John Patton Scholarship was provided by Dr. Patton through a provision in his will. Dr. Patton served Park as a trustee, acting dean, and faculty member, with a career spanning from 1962 to 1977. These endowed funds are to be used to promote Study Abroad, giving students access to the cultural experience of international programs, an activity Dr. Patton, as an Albright Scholar valued highly.

Selection of recipients will be made by the Park University Honors and Scholarship Committee based on responses to the attached application. Applicants must have a 3.6 cumulative grade point average. All questions on the application must be completed in full at the time the application is submitted for the student to be considered. Preference will be given to students who have not traveled abroad before, and who have financial need.

Students may receive stipends up to 50% of the cost of their study abroad program. Students receiving stipends of $2,500.00 or greater must complete two semesters at Park University, after their study abroad program (or graduate from Park University if they are a senior at the time they study abroad). For students not fulfilling this requirement the grant will be considered a loan with terms of repayment to be negotiated with Park University before transcripts are released. (HOME, KCA)

Students must complete and submit most of the form electronically. However, the foreign language proficiency form and the applicant right to access form must be printed, completed, signed and delivered in hard copy to the scholarship office.

Dates Due:

For fall travel: June 1st
For spring travel: October 1st
For summer travel: March 1st
THE DR. JOHN H. PATTON SCHOLARSHIP

APPLICATION FORM

NAME:

STUDENT ID NUMBER:

LOCAL ADDRESS:

HOME ADDRESS:

TELEPHONE NUMBER:

E-MAIL ADDRESS:

DATE OF BIRTH: BIRTHPLACE:

MONTH, YEAR YOU ENTERED PARK UNIVERSITY:

GRADE LEVEL:

NUMBER OF CREDITS COMPLETED AT PARK UNIVERSITY TO DATE:

MAJOR: MINOR (IF ANY):

GRADE POINT AVERAGE – General: Major:

NAME AND ADDRESS OF YOUR HOMETOWN NEWSPAPER:
FOREIGN LANGUAGE BACKGROUND

Below briefly describe your foreign language background, indicating how many years of study you have had in that language, at what level, your level of proficiency (as well as you can describe it) in reading, speaking, and writing the language, and any other comments you may think are relevant.

Have you ever been abroad? YES ___  NO ___

If yes, describe below the countries you have visited, when and how long you were there, and in what capacity (e.g. vacation, travel, study, etc.).

STUDY ABROAD PROGRAM IN WHICH YOU INTEND TO PARTICIPATE

Host city and country (e.g. Paris, France):

Host Institution abroad (e.g. the Sorbonne):

Language of instruction in the program:

Is there a foreign language requirement for admission to this program?

Check one YES__ or NO__

If yes, describe the requirement below:

Is this a semester or full academic year program?

Check one SEMESTER___  YEAR___  OTHER___

If OTHER, please explain:

What are the approximate beginning and ending dates of the program?

Beginning:  Ending:

Is this a Park University sponsored program?

If yes, which Park University department administers it?
If no, is there another institution sponsoring it?
Name of the institution:

If the program is not sponsored by a Park University campus or a non-Park University institution in the U.S, please explain below:

FINANCIAL INFORMATION

How are you financing the current academic year at Park University? Please note type of aid and amount below:

- Scholarship, grants:
- Loans:
- Parental Help:
- Work (academic year):
- Savings:
- Other (Specify):

List below all jobs held since entering college, indicating the time period involved:

What is the estimated cost of the program abroad in which you plan to participate?

- Tuition:
- International Transportation:
- Transportation abroad:
- Room and Board:
- Books, Supplies, etc.:
- Miscellaneous expenditures:

Total

If you wish to provide additional information on your financial situation, e.g. anticipated costs abroad, etc., do so below:
I hereby declare that the information included in this application is accurate to the best of my knowledge.
(Please sign and date)

Signature:

Date:

**IMPORTANT**
This application and your study abroad statement are to be submitted together to:

The Park University Scholarship Coordinator
Campus Box 44
8700 NW River Park Dr
Parkville, MO 64152
Email: Scholarships@park.edu

Also, you are to arrange for the submission to Park University of the following materials:

- **Two letters of reference** (see below – may be submitted electronically)
- **A foreign language proficiency form** (see below – must be printed, completed, signed and delivered to the scholarship coordinator)
THE DR. JOHN H. PATTON SCHOLARSHIP

APPLICANT’S PROGRAM OF STUDY STATEMENT

Applicant’s last name:

To the Applicant

Please describe your planned program of study abroad and how it relates to your academic program at Park University and to your career goals. Include a paragraph about any non-English languages you will be speaking or otherwise using while abroad. Also, describe the personal benefits you expect to receive from the program and experience abroad.

Your typed signature:

Date:
THE DR. JOHN H. PATTON SCHOLARSHIP

FOREIGN LANGUAGE PROFICIENCY FORM

Print this form and deliver the completed, signed hard copy to the scholarship office

Applicant’s Name:

Language being evaluated: Date:

To the applicant:
This form must be filled out by a language instructor who, from previous knowledge or by interview, can evaluate your proficiency in the above-mentioned foreign language. If you will be using English only, please write “English” in the line above and return this form with the rest of the packet.

To the evaluator:
Please complete the sections below and return the completed form to:

Financial Aid, Scholarships
Park University, Student Financial Services
8700 N.W. River Park Drive
Parkville, MO 64152

The Scholarship Selection Committee is grateful for your assistance.

1. Please check the appropriate space to indicate your assessment of the applicant’s present ability in the program’s language instruction:

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<tr>
<th></th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
<th>No Ability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reading in his/her field</td>
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<td>Understanding lectures</td>
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<td>Composition</td>
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<td>Conversation</td>
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2. Please rate the applicant by checking the statement below that most accurately describes your judgment of language ability:

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<th>Rating</th>
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<td>Should have no difficulty</td>
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<tr>
<td>Should be able to manage adequately after a short period of adjustment abroad</td>
</tr>
<tr>
<td>Should be able to manage after some additional language training</td>
</tr>
<tr>
<td>Appears to require considerable training in the language before the necessary competence could be achieved</td>
</tr>
</tbody>
</table>

Please indicate below your experience with this student upon which your evaluation has been made:

Your name: 

Your department: 

Your signature: 

Your title:
THE DR. JOHN H. PATTON SCHOLARSHIP

APPLICANT RIGHT TO ACCESS FORM

Print and deliver a completed signed hard copy of this form to the scholarship office

To the Applicant

Name of applicant:

Check one
I agree_____ do not agree___ to waive my right to access faculty references.

Applicant’s signature: Date:
Applicant: Please email this form to each faculty reference.

To the Faculty member

The above-mentioned student has applied for a Dr. John H. Patton Scholarship. The Scholarship Selection Committee assumes that the student has discussed with you his/her study abroad plans and the nature of the scholarship. It would be of great assistance to the Committee in making its decisions if you submit a statement about this student and your estimate of his/her ability to function effectively abroad. Make sure to indicate in your statement in what capacity and for how long you have known the applicant.

Please submit your recommendation directly to:

Financial Aid, Scholarships
Park University, Student Financial Services
8700 NW River Park Dr
Parkville, MO 64152
Email to: scholarships@park.edu

Your name (print):
Your department: Your title:
Your signature: date: