

Council on International and Area Outreach (CIAO) Application

Return completed application and supporting documentation to: Pam Henry, 409 Hyman Building | (901) 448-5684

Section I: Tell us about yourself.

Full Name: _____

Class: _____ Grad Date: _____

Local Address: _____

City, State Zip: _____

Telephone: _____ Pager: _____

Email Address: _____

Permanent Address: _____

City, State Zip: _____

Emergency Contact: _____ Telephone: _____

Section II: Tell us about your selected international experience.

To where will you be traveling (i.e., city, country)? Include contact name & telephone number.

Departure Date: _____ Return Date: _____ Duration of Stay: _____

Describe briefly your anticipated activities and Responsibilities:

What good will you impart to those you will be serving?

What do you hope to gain from this experience?

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Application cont'd.

What arrangements for your international experience are in progress, or have been finalized (e.g. arrangements with host, visa, travel tickets, etc)

SECTION III: Please tell us about your financial needs.

Due to limited funds, CIAO will not be able to fully fund individual student experiences. Grants are intended to supplement a student's other financial resources. CIAO reserves the right to appropriate funds at the discretion of the governing committee.

TOTAL TRAVEL EXPENSES:

Travel:	\$
Room & Board:	\$
Other (i.e., Visa, vaccines, etc.):*	\$
Personal Expenses:	\$
Total anticipated travel costs:	\$

Will your host be subsidizing part of your costs, or providing services (i.e., room & board, food, etc.)? YES NO

If yes, how much of your costs? _____

If yes, what services? _____

Other sources of funding (please specify):

AMOUNT REQUESTED FROM CIAO

In the interest of providing general information for future applicants, CIAO requests that, upon their return, all grant recipients provide us with a written description of their experience, including unforeseen difficulties, recommendations, and future contacts.

Signature: _____ Date: _____