THE HONORS COLLEGE UNDERGRADUATE GRANT PROGRAM
EDWARD L. HUTTON INTERNATIONAL EXPERIENCES PROGRAM

GRANT APPLICATION FORM

NAME OF APPLICANT_____________________________I.D.#____________________________
MAJOR_________________ Date Submitted_____________E-Mail_______________________
CUMULATIVE IU GPA___________________ GPA IN MAJOR_______________________
DESTINATION________________________________DEPARTURE DATE________________
PURPOSE____________________________DURATION__________________________________
(credit, service, research, internship, other)                                 (semester, year, other)

Edward L. Hutton International Experiences Program (IEP) Grants are made to
individual students on a merit basis. Students who have major IU scholarships that
include support for an overseas study experience (Wells and Kelley Scholars for
instance) are not eligible for IEP awards. You need a 3.2 GPA overall or a 3.5 GPA in
your major to apply for this award. We will not award grants for travel to certifiably
dangerous locations. We define dangerous locations as any country or area about which
the State Department has issued a travel warning.

Return this application directly to: IEP Grants, Undergraduate Grant Program, Honors
College, IU, 324 N. Jordan Avenue, Bloomington, IN 47405.

PLEASE PRINT OR TYPE CLEARLY:
Previous Honors College Grants Received (Type & Date?):_____________________________
Campus Address___________________________________________Phone____________________
Permanent Address_________________________________________Phone____________________
Summer Address______________________________________________Phone____________________
Will you attend IUB summer session(s)____________Expected date of graduation____________
Date entered IU Honors College_____________ Holland or Hudson Scholar? __________
Faculty recommender_________________________________ Dept._______________________
Recommender’s telephone number and e-mail address __________________________________
High School Attended_____________________________

PLEASE ATTACH THE FOLLOWING TO THIS APPLICATION:
1) YOUR TRANSCRIPT (An unofficial one is acceptable.) (Please check the honors courses you
have completed.);  2) A COPY OF YOUR LETTER OF ACCEPTANCE TO THE ACADEMIC OR
SERVICE PROGRAM OR INTERNSHIP YOU WILL BE ATTENDING;  3) A SIGNED AND DATED
FOREIGN TRAVEL WAIVER

What is the budget for your overseas experience? (Include travel, program costs, and living
expenses, but not tuition.)_______________________________________________________
What other support do you have to help cover your time abroad? ________________

PLEASE ALSO PROVIDE THE FOLLOWING INFORMATION IN AS SUCCINCT
A FORM AS POSSIBLE: (Use the back of this sheet or attach a separate page.)
DESCRIBE YOUR PROPOSED INTERNATIONAL EXPERIENCE. WHY DO YOU WANT TO UNDERTAKE
IT? HOW WILL IT CONTRIBUTE TO YOUR ACADEMIC, PROFESSIONAL, AND/OR PERSONAL
GROWTH? WHY DO YOU DESERVE THIS AWARD?
NOTE: IF YOU ARE NOT PARTICIPATING IN AN ORGANIZED OR SPONSORED PROGRAM, BUT
PLAN TO DO RESEARCH, CREATIVE, SERVICE, OR OTHER TRAVEL ACTIVITIES INDEPENDENTLY,
YOU MUST MAKE A STRONG CASE FOR THE ACADEMIC, SERVICE, OR PROFESSIONAL VALUE OF
SUCH ACTIVITIES.

Application Deadlines: Summer Grants—5pm Last Friday before Spring Break
Fall & Full Year Grants—5pm Friday after Spring Break
Spring Grants—5pm Last Friday in October
THE HONORS COLLEGE UNDERGRADUATE GRANT PROGRAM

FACULTY RECOMMENDATION FORM

EDWARD L. HUTTON INTERNATIONAL EXPERIENCES PROGRAM GRANT

Recommendation for _________________________ for (time period) _____________________

WAIVER

The Family Educational Rights and Privacy Act of 1974 opens many student records for the student's inspection. The law permits the students to sign a waiver relinquishing their rights to inspect letters of recommendation. The applicant's signature below constitutes a waiver; no signature means that the student will have the right to read this recommendation.

Student's signature ____________________________________________ Date __________

This waiver must accompany the faculty recommendation form. This waiver, along with the faculty recommendation, should be returned directly to:

IEP Grants, Undergraduate Grant Program
The Honors College, Indiana University
324 North Jordan Avenue, Bloomington, IN 47405

Deadlines: Summer: 5pm Friday before Spring Break; Fall & Full Year: 5pm Friday after Spring Break; Spring: 5pm Last Friday in October

FACULTY RECOMMENDER:

Name ______________________________________ Dept. _________________________
Campus & E-Mail Address __________________________________ Phone ___________
I wish to support the application of _________________________ for an Honors College International Experiences Program Grant.

Please use the back of this sheet and/or an attached letter to answer the following questions about the applicant and his/her plans. Add any comments you deem appropriate. (Please type or print legibly.)

How long and how well and in what context do you know the applicant? Have you discussed the applicant’s plans? Are the applicant’s expense estimates realistic? How will the proposed international experiences contribute to the applicant's academic, professional and/or personal growth? If the proposal includes independent activities, does the applicant have the intellectual and personal maturity for a successful journey? In your estimate, what is the single most compelling reason the Honors College should make this award to this applicant?

Signature ____________________________________________ Date ______________________

For detailed information about the Honors College Undergraduate Grant Program, go to www.indiana.edu/~iubhonor.
Honors College Foreign Travel Release Form

Waiver, Release and Indemnification

Student states that his/her acceptance of Honors College grant funds is wholly voluntary.

Student states that s/he understands that certain risks are inherent in foreign travel and that s/he fully accepts those risks. Those risks may include, but are not limited to, such things as war, quarantine, civil unrest, public health risks, criminal activity, terrorism, exposure to communicable diseases, ill effects of unfamiliar food and water, incidents related to ground, air or water transportation, adverse weather conditions, accident, injuries or damage to property, and other physical, mental, and emotional injury.

Student states that s/he fully understands the above risks and that s/he agrees to assume the risks, including the risk of catastrophic injury or death.

Student states that, for and in consideration of acceptance of these grant funds, Student and his/her heirs, successors, assigns, and personal representatives agree to indemnify, hold harmless, release and forever discharge Indiana University, its Trustees, employees, and agents, and cooperating institutions and their offices and agents from any and all claims and expenses, including reasonable attorney’s fees, for any injury, loss, or damage to personal property, including catastrophic injury or death, related to the travel and experiences this grant helps to fund.

Student acknowledges that s/he has read, understood and will abide by each of the terms and conditions of this Agreement. A student not affiliated with an IU-administered overseas program further acknowledges that s/he has read the accompanying information sheet entitled Traveling Abroad Independently.

Choice of Law

The interpretation and performance of this Agreement shall be construed in accordance with the laws of the State of Indiana, and any litigation arising out of this Agreement shall be venued in Monroe County, Indiana and shall be governed by the laws of the State of Indiana.

Students are strongly encouraged to consult the State Department Consular Information Sheets and Travel Warnings at http://travel.state.gov/travel_warnings.html and the Centers for Disease Control (CDC) at http://www.cdc.gov with regard to their destination country(s) prior to signing this Agreement.

Student’s Signature __________________________ Date________________________

Name (printed) ___________________________ Destination (s)________________________

This statement must also be signed by a parent IF the grant recipient is a dependent student (is claimed as a dependent on either parent’s tax return).

Check one: ____ I am an independent student, or _____ My parent’s signature is provided below.

I hereby give my son/daughter named above permission to participate in this Honors College grant program. I have read the statement above and agree that I and my son/daughter understand and assume the risks associated with the travel and experiences this grant helps to fund, and that we will hold Indiana University, its Trustees, employees, and agents harmless, as stated above.

Parent’s Signature_______________________________ Date___________________________

Parent’s Name (printed) __________________________________

It is also extremely important for independent student travelers and students participating in non-IU programs to have adequate insurance before departing. This coverage should also include medical evacuation, repatriation of remains and life insurance. If you are currently included on your family’s insurance policy, you must make sure that the coverage is valid overseas for the duration of your travel. Students with an International Student Identity Card (see http://www.istc.org/) receive basic medical/accident insurance coverage for their travel outside the continental United States, for the period that the ID card is valid. These ID cards are available locally at STAtravel. But such coverage may not be adequate to meet every contingency, so you should check to see what additional protection you might need. (Participants in IU-administered overseas study programs are already enrolled in a group health insurance plan.)