



## Ecuaexperience Individual Award Application

- By completing this general application form, applicants will be considered for any of the awards they are eligible for.
- Email your completed application to [infoecuaexperience@gmail.com](mailto:infoecuaexperience@gmail.com)

### SECTION 1: General Information

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

University \_\_\_\_\_

E-mail \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Gender \_\_\_\_\_

Undergraduate or Graduate \_\_\_\_\_

Faculty \_\_\_\_\_

Year \_\_\_\_\_

### SECTION 2: Abroad Program

Pre Medical       Pre Dentistry       Pre Physiotherapy   
Bio Medical       Volunteer

Start Date of Program: \_\_\_\_\_

End Date of Program: \_\_\_\_\_





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Extra Weeks:

Galápagos  Machu Picchu

## SECTION 3: Previous International Experience

Countries lived in

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Countries visited

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## SECTION 4: Statement of Motivation & Rationale

1. Why did you choose Ecuador as your destination for volunteering?

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2. Why did you choose this particular experience abroad? How will it contribute to your overall academic success?

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3. Explain your cultural and/or linguistic motivations and any additional details regarding going abroad.

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4. Have you volunteered in the past locally or internationally? Explain your best experience.

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5. Describe any extracurricular activities you have done in the past 5 years that demonstrate your leadership abilities and community involvement.

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**SECTION 5: Financial**

1. Have you received any other scholarships or monetary awards for this program? If yes, please provide details.

Yes  No

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2. Did you work in the past 12 months? If yes, please provide details.

Yes  No

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3. Have you received any academic scholarships in the past? If yes, please provide details.

Yes  No

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4. Have you received any community awarded scholarships/ or/ recognition in the past? If yes, please provide details.

Yes  No

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5. How are you going to finance this trip? Explain.

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Please fill in your complete name and last name to certify that the information submitted is complete and accurate.

Name of the student:

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Signature

Date

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