

# WALLACE STATE

HANCEVILLE • ONEONTA



## Kenya Relief International Service Learning Program Scholarship Application for Students

Name: \_\_\_\_\_ WSCC Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_ Number of Credits Earned: \_\_\_\_\_

Program of Study: \_\_\_\_\_ GPA: \_\_\_\_\_

Are You Willing/Able to Travel Out of the Country: \_\_\_\_\_  
(You will need to obtain a passport, visa, and appropriate vaccinations/medications)

**List two references, other than relatives, who can provide information verifying qualifications, character, and/or work experience.**

Name	Phone Number/Email	Title

### Please Note:

- Up to five scholarships will be awarded annually for program participation.  
(Only open to current WSCC students)
- Scholarship includes Kenya Relief Service Learning Project program fee, cost of travel, and room and board.
- Program is approximately 10 days, including travel time. Participants will stay primarily at the Kenya Relief Campus in Migori, Kenya, where the service learning project takes place. A safari is included at the end of the trip.
- Absences due to program participation will be excused but students will need to make arrangements with instructors to complete missed classwork.

**Required:** Please include a letter of 1-3 pages explaining what this opportunity would mean to you and how you expect it to impact your educational development and/or career goals.

## Kenya Relief International Service Learning Project Program Application

Are you applying to participate in faculty-led service learning opportunity in your program of study?

- Yes     No

During which semester do you prefer to travel?

**(Rank order if indicating more than one)**

- Fall
- Spring
- Summer

Which opportunities for service are of interest to you?

**(Rank order if indicating more than one)**

- Medical Clinic
- Orphanage/ Child Care
- Maintenance
- Teaching/Elementary School

Please list any clubs/organizations, leadership roles, community service, and/or other activities which demonstrate your commitment to volunteerism, personal development or civic engagement. Additionally, a sponsor or advisor directly associated with the activity must be listed with contact information. **(Attach an additional sheet if needed)**

Activity/Role	Sponsor/Advisor Name & Contact Information
1	
2	
3	
4	
5	

I affirm that the information I have provided on this application is full and true to the best of my knowledge. I hereby give permission to persons listed as references to discuss the application with college officials. I understand that failure to provide full and true information on this application may result in disqualification.

\_\_\_\_\_  
Signature of Scholarship Applicant

\_\_\_\_\_  
Date

Please return to Kristen Holmes, [kristen.holmes@wallacestate.edu](mailto:kristen.holmes@wallacestate.edu), 256.352.8118, Burrow Museum