

Harry C. Rosenberg Youth Exchange Scholarship Outbound Student Program Application

Applications are to be completed by the student and not the parents. Please TYPE all answers into this document, print, sign in **BLUE** ink.

Student Information:

Name: _____ Date: _____

Street: _____ Date of Birth: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Parents Information:

Mother/Guardian: _____ Occupation: _____

Father/Guardian: _____ Occupation: _____

Number of family members supported by family income: _____

Number of family members in college this coming year: _____

Statement of Financial Need:

Financial need is a major consideration in the evaluation of your scholarship application. Provide sufficient detail for the evaluators to assess your need. Our goal is not to pry, but to assess the situation. Parents do not need to disclose their finances to their child.

1. Describe your family's financial situation and why you (the student) need the scholarship funds.
2. The scholarship will pay a portion of the Youth Exchange Program cost. Explain how you and your family will finance the balance of the exchange year costs. You should explain your own contribution to the costs of your exchange year.
3. Please provide any other information that you feel is pertinent to our understanding your financial need.

Agreement:

We certify that there is a need for financial support for our son/daughter to participate in a Youth Exchange Program. We understand that all financial information will be kept confidential and non-recipient applications will be destroyed at the completion of the selection process. We further understand that this scholarship application, if awarded, will be for only part of the costs of this exchange and that we, the student and parents, are responsible for the remaining expenses.

Further, it is understood that recipients are expected to comply with Youth Exchange all rules and regulations, including but not limited to submitting required reports by each deadline. If a recipient is returned home to the U.S. for bad behavior or noncompliance of the rules and regulations, he/she will repay the financial support, including this scholarship, to the Youth Exchange Program organization.

Signatures (sign in BLUE ink):

Student: _____ Date: _____

Mother/Guardian: _____ Date: _____

Father/Guardian: _____ Date: _____

Directions:

When completed, print, sign and send to:

Chad Rosenberg
455 S. Gulph Road, Suite 400
King Of Prussia, PA 19406

Or email scanned copy to chad.rosenberg@yahoo.com

Harry C. Rosenberg Youth Exchange Scholarship Budget

Student Name:

Exchange Country:

Flight costs		\$	-
Monthly expenses			
health/toiletries for 12 months	\$	-	
entertainment for 12 months	\$	-	
travel to school for 10 months	\$	-	
school lunch	\$	-	
school supplies	\$	-	
	subtotal	\$	-
Blue Blazer		\$	-
Program Training Fee		\$	-
Gifts brought to host families		\$	-
Insurance (Required by Essex)		\$	-
Emergency Funds		\$	-
Passport/Visa		\$	-
Doctor/dentist - immunizations		\$	-
Essex Fee		\$	-
Business Cards		\$	-
Pins and Bags		\$	-
Other:		\$	-
Other:		\$	-
TOTAL		\$	-

Notes:
