

Please type or print.

# Intensive Chinese Language Scholarship Application:

2017-2018 Academic Year

#### Return to:

East Asian Studies Center The Ohio State University Intensive Chinese Scholarship 140 Enarson Classroom Building 2009 Millikin Road Columbus, Ohio 43210

Questions? easc@osu.edu

**APPLICATION DEADLINE: MARCH 3, 2017** 

Fill out form, Then press to print

This form is to be used in evaluating Intensive Chinese Language Scholarship applicants and should be filled out carefully and completely. Every question should be answered or have the indication "N/A" written in the proper space. A complete application must include this application form (2 pages), an academic program statement, an up-to-date OSU advising report, and three letters of recommendation (at least one of which should be from a person who has taught you in formal Chinese language courses and can evaluate your current speaking, listening, reading, and writing capabilities and at least one of which should be from a faculty member (i.e. assistant professor, associate professor, or professor)). (NOTE: Previous Intensive Chinese Language Scholarship awardees are not eligible to apply again.)

1.	Name in	full:		First		Middle/Maiden	
2.	Present	address:					
			Street Address		City	State	Zip
	Telephor	ne:					
3.	Permanent	t address: _					
			Street Address		City	State	Zip
	Telephon	ne:		E-mail: _			
4.	Student I	D number:					
5.	Proposed	d major (be	sides Chinese):				
	·		, ·				
6.	Proposed	d Chinese la	anguage courses	to be taken at OS	SU during 2017	-2018:	
	Summer	2017 (if ap	plicable)				
	Autumn 2	2017					
	Spring 20	018					

	Inclusive Dates	Degree	Date Awarded	Major Field of
School and Location (City and State)	of Attendance	Earned	or Expected	Specialization
		-		
		-		
		,		
	.,			
<u>Awards</u> : List any academic honors and				ell as any exhibitions,
performances, and extracurricular activ	rities in which yo	ou have p	articipated.	
requested. Deliver one of the Persona	al Reference F	orms inc	uded in the ap	plication package direc
requested. Deliver one of the Personate each of these persons. At least one of	al Reference For these should	orms inc	uded in the ap	plication package direc aught you in formal Chi
References: List names and titles of at requested. Deliver one of the Persona each of these persons. At least one of language courses and can evaluate you accept the requested in the regram statement. Described of Chinese language in that program statement.	al Reference For these should ur current speal cribe your prese	orms inc be a per king, liste	uded in the ap rson who has ta ning, reading, an oposed future ac	plication package directage directage aught you in formal Chind writing capabilities.
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PERSONAL REFERENCE FORM

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language courses and can evaluate your current speaking, listening, readir	ng, and writing capabilities.
Please type or print.	
1. Applicant's Name:	
Last First	Middle/Maiden
2. Proposed/Declared Major:	
Applicant's Waiver of Right to Access	
The Family Educational Rights and Privacy Act of 1974, as amended, (P.L.93- 380), allows a candidate for admission, employment, or receipt of honors to waive his or her right of access to confidential letters or statements written in his or her behalf if the recommendation is used solely for the purpose of admission, employ- ment or the receipt of honors and if the candidate, upon	I hereby waive my right of access to this recommendation and any appropriate attachments which have been written by:
request, is notified of the names of all persons making such recommendations on his or her behalf.	(name of recommender)
The University does not require that you make such a waiver as a condition for admission or award of fellowship. However, under the legislation you have the option of signing such a waiver as follows:	on behalf of my application for award of a fellowship. This waiver is effective insofar as the recommendation is used solely for the purpose of award of fellowship.
Name Date	Signature
To the Person Completing This Form: The student named above has applied for an Intensive Chines Asian Studies Center at The Ohio State University. This schola program to train young Ohioans who will take the lead in future China. It is important that our limited available resources are u this applicant will help us to accomplish this. Please complete attach a separate letter and return it by no later than March 3, envelope directly to the East Asian Studies Center at the address of this form. Please mark CONFIDENTIAL REFERENCE on the studies of the studie	arship is a crucial part of OSU's commercial and cultural relations with sed wisely. Your comments regarding this Personal Reference Form and 2017. Please send in a sealed ess listed in the upper right hand corner
Print or type	Dete
Signature of recommender	Date
Name Title	
School/Company	
Address	

E-Mail

Telephone \_

1.	Recommendation for Award of Scholarship	
	☐ I recommend the applicant	
	☐ I recommend the applicant with reser	vations
	☐ I do not recommend the applicant	
2. :		a representative group of students in the same field who have had be and training, how do you rate the applicant in academic ability?
	☐ Outstanding (highest 5%)	Note: Please indicate the educational level of the representative group with whom the applicant is compared:
	☐ Very good (next highest 10%)	☐ College Juniors and Seniors
	☐ Good (in upper 25%)	☐ College Freshmen and Sophomores
	☐ Average (in upper 50%)	
	☐ Below average	
	current speaking, listening, reading, and/or ware lf your answer is "yes," please describe each peaking:	
Re	eading:	
W	riting:	

4. <u>Additional Skills Evaluation</u>: What is your view of the applicant in regard to: seriousness of purpose; oral and written skills; maturity and emotional stability; self-reliance; and, discipline necessary to succeed in a rigorous language study program? Please feel free to make any additional comments regarding the applicant that you believe to be relevant. Please attach a separate letter addressing these issues to this form.



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Applicant's Waiver of Right to Access		
The Family Educational Rights and Privacy Act of I candidate for admission, employment, or receipt of ho confidential letters or statements written in his or her	onors to waive his or her right of access to behalf if the recommendation is used solely	I hereby waive my right of access to this recommendation and any appropriate attachments which have been written by:
for the purpose of admission, employ- ment or the request, is notified of the names of all persons making The University does not require that you make such a wof fellowship. However, under the legislation you have follows:	such recommendations on his or her behalf. vaiver as a condition for admission or award	(name of recommender) on behalf of my application for award of a fellowship. This waiver is effective insofar as the recommendation is used solely for the purpose of award of fellowship.
Name	Date	Signature
Asian Studies Center at The Ohio program to train young Ohioans w China. It is important that our limite this applicant will help us to accomattach a separate letter and return	olied for an Intensive Chine State University. This scho ho will take the lead in futured available resources are applish this. Please complete it by no later than <b>March 3</b> Studies Center at the add	re commercial and cultural relations with used wisely. Your comments regarding this Personal Reference Form and 1, 2017. Please send in a sealed ress listed in the upper right hand corner
Print or type		Dete
Signature of recommender		Date
Name	Title	
School/Company		
Address		
Telephone	E-Mail	

	nmendation for Award of Scholarship: I strongly recommend the applicant	
	I recommend the applicant	
	I recommend the applicant with reservations	<b>;</b>
	I do not recommend the applicant	
		sentative group of students in the same field who have had training, how do you rate the applicant in academic ability?
	Outstanding (highest 5%)	Note: Please indicate the educational level of the representative group with whom the applicant is compared:
	Very good (next highest 10%)	☐ College Juniors and Seniors
	Good (in upper 25%)	☐ College Freshmen and Sophomores
	Average (in upper 50%)	
	Below average	
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Listening:		
Reading:		
Writing:		

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Last	1 1151	
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for the purpose of admission, employ- ment or the request, is notified of the names of all persons making	*	(name of recommender)
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Signature of recommender		Date
Name	Title	
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Address		
Telephone	E-Mail	

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	☐ Average (in upper 50%)	
	☐ Below average	
Sp	current speaking, listening, reading, and/or If your answer is "yes," please describe ea peaking:	
Lis	stening:	
Re	eading:	
Wr	riting:	

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