



WINSTON CHURCHILL FOUNDATION OF THE UNITED STATES Scholarship Application Form

Please refer to the separate instructions (accessible from the Winston Churchill Foundation website) while completing this application. Sign at the bottom of page one (1) when the form is complete.

PERSONAL INFORMATION

Name _____
Last First Middle

Email Address _____ Male Female
(must be valid until July)

Date of Birth _____ Marital Status: Single Married
mm/dd/yyyy

Current Address _____
Address

_____ *City State Postal Code*

Telephone _____ Current Address Valid Until _____
mm/dd/yyyy

Permanent Address _____
Address

_____ *City State Postal Code*

Telephone _____ Parent/Guardian Name(s) _____

EDUCATION

List the every college/university you have attended or are attending, listing the most recent institution first.

| Institution | End Date | Degree | Major/Minor, Other | GPA |
|-------------|----------|--------|--------------------|-----|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

PROGRAM OF STUDY AT CAMBRIDGE UNIVERSITY

Field of study _____ Department _____ Degree _____

Signature _____ Date _____

By my signature I certify that I am a citizen of the United States and that, to the best of my knowledge, the information provided in my application is accurate and true.

PUBLICATIONS AND PRESENTATIONS

List full citations

NON-ACADEMIC INTERESTS AND ACTIVITIES

FUTURE CAREER PLANS

PREVIOUS FOREIGN TRAVEL AND STUDY

List country or countries, date(s), and purpose of visit (list up to six)

LIST OTHER FELLOWSHIPS/AWARDS FOR WHICH YOU ARE APPLYING

- | | |
|-----|-----|
| (1) | (4) |
| (2) | (5) |
| (3) | (6) |

TO WHAT OTHER GRADUATE PROGRAMS ARE YOU APPLYING?

- | | |
|-----|-----|
| (1) | (4) |
| (2) | (5) |
| (3) | (6) |

LETTERS OF REFERENCE

| | 1st Reference | 2nd Reference |
|----------------|---------------------------------|---------------------------------|
| Name | | |
| Title/Position | | |
| Department | | |
| Address | | |
| Institution | | |
| City | | |
| State | | |
| Zip Code | | |
| Telephone | | |
| Email | | |

| | 3rd Reference | 4th Reference |
|----------------|---------------------------------|---------------------------------|
| Name | | |
| Title/Position | | |
| Department | | |
| Address | | |
| Institution | | |
| City | | |
| State | | |
| Zip Code | | |
| Telephone | | |
| Email | | |