DePaul University Chicago, Illinois International Vincentian Scholarship Program Scholarship Request & Nomination Form

V	isitor/Vice-Visitor Contact I	nformation
Name (Last Name, First Name):		
Address:		
Office Phone Number:		
Cell Phone Number:		_
E-Mail Address:		
	Scholarship-Confrere Infor	mation:
Name (Last Name, First Name):		
Address:		
Office Phone Number:		-
Cell Phone Number:		_
E-Mail Address:		
	nderstand, and agree to follow described in the Policies and P	all the provisions of the scholarship program rocedures.
Date:		Date:
Visitor/Vice-Visitor		Scholarship-Confrere
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Please email a completed e-copy of the Scholarship Request Form to Dr. Mark Laboe at Mlaboe@depaul.edu as

DePaul University Academic and Visa Information

Are you (scholarship-confrere) seeking admission for: *You can select more than one item.*

English Language Academy

Undergraduate Academic Program

Graduate Academic Program

If you indicated an Undergraduate or Graduate Academic Program, please list your proposed course of study. You can view DePaul University's academic programs here: <u>https://core.depaul.edu</u>

Do you have a valid passport?

Yes No

Have you previously applied for a United States visa?

Yes No

If you did apply, were you granted a United States visa?

Yes No Did Not Apply for United States Visa

If you were granted a United States visa, which type of visa did you receive?

International Vincentian Scholarship Nomination

Why have you nominated this confrere for the International Vincentian Scholarship?

How would this International Vincentian Scholarship benefit your confrere's ministerial duties?

How would a degree or English language study for this confrere contribute to your province or vice-province?

What gifts would this confrere bring to the DePaul community and Western Province?

Page 3 of 3 Please email a completed e-copy of the Scholarship Request Form to Dr. Mark Laboe at Mlaboe@depaul.edu