



Case Western Reserve University

**JAMES LOVETTE SCHOLARSHIP APPLICATION**

Case Western Reserve University ♦ International Education Programs ♦  
Department of Bioethics

10900 Euclid Avenue ♦ Cleveland, Ohio 44106-4976 ♦  
Office: (216) 368-5377 ♦ Fax: (216) 368-8713

***Application Instructions***

**APPLICATION REQUIREMENTS:**

- 1) Fill out the application form completely and sign.
- 2) In 500 words or less, clearly explain why you want to take this course. State the amount of funds required to achieve your goals. The essay **MUST** be typed or printed neatly in the space provided on the application.
- 3) Applicants must provide a copy of their most recent transcript (does not need to be certified).
- 4) Application must be postmarked by: October 10<sup>th</sup> for Winter Break programs; December 10<sup>th</sup> for Spring Break programs; March 10<sup>th</sup> for Summer Break programs.
- 5) Return your completed application and transcript copy to:

Deborah Hawkins  
CWRU, Bioethics Dept., TA-232  
10900 Euclid Avenue  
Cleveland, OH 44106-4976  
Office: (216) 368-0632  
Fax: (216) 368-8713  
E-mail: [dxh146@case.edu](mailto:dxh146@case.edu)

Funds are limited. Please do not count on getting a scholarship in order to participate in the program. We look forward to receiving your application.

Sincerely,

Michelle Champoir, M.A., Director  
International Education Programs  
Bioethics TA212  
School of Medicine  
Office: (216) 368-5377  
[min10@case.edu](mailto:min10@case.edu)



**JAMES LOVETTE SCHOLARSHIP APPLICATION**

Please return the completed application **WITH A COPY OF YOUR MOST RECENT TRANSCRIPT** (does not need to be certified) to Deborah Hawkins, dxh146@case.edu. Deborah Hawkins is located in the Department of Bioethics, TA-232; (216) 368-0632.

<b>PROGRAM COURSE NAME</b> (applying for):			
<i>Early application is recommended. Incomplete applications will not be considered.</i>			
<b>PART I: STUDENT INFORMATION</b> (please print)			
Last Name:	First Name:	Middle Initial:	
Please check preferred phone number for contact: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Other			
Home Phone #:	Cell Phone #:	Other Phone #:	
E-mail address:	Date of Birth (MM/DD/YYYY):	Case Student ID (7 digits):	Gender (circle one): <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Address Information</b> (please print). Check the address to which information should be sent			
<input type="checkbox"/> Permanent Address (Street address):			
City:	State:	Zip Code:	
<input type="checkbox"/> Current Address (Street address)			
City:	State:	Zip Code:	
<b>Education Information</b> (please print)			
Check one: <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate		Concentration:	
Undergraduate: (check one) <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior			
Major:	Name of Home University:		
Expected Graduation Year:	GPA:		
<b>Special Achievements/Honors and Recognition</b> (please print)			
Activity	Year	Activity	Year

**Extracurricular Activities/Community Involvement/Employment** *(please print)*

Activity	Year	Activity	Year

**Essay Question:** *In the space provided below, explain your financial need.*

**Signatures**

I certify that all information provided by me in this application, or otherwise in connection with my application for participation in this program, is factually true and complete. If selected for participation, I certify that I will comply with all program requirements. I understand that if I am placed on disciplinary probation between the time of acceptance and the international program, I may become ineligible for this program and cancellation penalties will apply.

\_\_\_\_\_

**Participant Signature**

\_\_\_\_\_

**Date**

**OFFICE USE ONLY**

Date Received:	Staff Initials:	Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount Approved for:
Date Entered into Database			Approver Initials