2021 ICS/Betty Wiles Scholarship Application
$500 Scholarship

Eligibility
Applicants must be seniors in an Onondaga or Oswego County high school who demonstrate an interest in international exchange at home and abroad. Students focusing on international relations, intercultural understanding, diversity and inclusion in the community, geography and or other academic studies that focus on international themes should seek recommendations from teachers in those international fields.

Instructions
Complete the application, provide required supporting documentation, and send all documents to the International Center of Syracuse by April 30, 2021. The winner will be notified by May 28, 2021 and will be expected to attend an ICS award presentation ceremony at a date and time to be announced. The monetary award will be officially presented upon the student’s successful completion (2.75 cumulative GPA or better) of one semester of college. The student must submit a fall 2020 university transcript to ICS so that the scholarship funds can be paid.

Application Criteria
- 88% non-weighted high school average/transcript copy attached
- This application form
- Verification(s) of international interest and activities from school counselor, social studies teacher, or other responsible parties. Comments may be written on the back of this form and should note the student’s sincerity, work ethic, and involvement in international activities. Additional pages may be attached.
- Essay, two pages, typed and double spaced, describing your experiences and interests related to the field of international studies. How do you plan to contribute to international understanding and awareness at the end of your college career?
- Personal resume of student activities.

Applicant Information

☐ Male
☐ Female

Last Name  First Name  Middle Initial  Date of Birth

Street Address

City  State  Zip Code  Home Phone #
High School Information

High School ______________________ Graduation Date ______________________

School Counselor Name ______________________ Counselor Phone Number ______________________

Certification
In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information will result in termination of the award. This application becomes the sole property of the International Center of Syracuse.

Applicant's signature ______________________ Date ______________________

Parent or Guardian's signature ______________________ Date ______________________

School Counselor(s)/Teacher(s) Comments

Name: ______________________________________

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Name: ______________________________________

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Mail to: The International Center of Syracuse, 930 James Street, Syracuse, NY 13203 or
Email to: mail@ICSyracuse.org, attn: Scholarship Committee