



**County of Santa Clara/Metropolitan City of Florence, Italy**  
**Sister County Commission**

**Study Abroad Scholarship**

**For university students in a Florence, Italy Program**

The County of Santa Clara and Metropolitan City of Florence have a Sister-County relationship that promotes intercultural and educational exchange between these regions. Every year, the County of Santa Clara/Metropolitan City of Florence, Italy Sister County Commission offers scholarships to university students who are participating for an academic year in a university approved international program in Florence, Italy. The Commission may approve scholarships toward the studies abroad (per year), of one or more students, depending on qualification of applicants. Money is dispersed in half increments, per each academic semester.

**Criteria:**

1. **Academic Excellence** – 3.0 cumulative GPA or above.
2. **Residence in Santa Clara County** for at least six months while studying at a university in Santa Clara County, or residence in Santa Clara County for at least six continuous months immediately prior to enrolling in a university outside of Santa Clara County. Applicants should provide a copy of any two of the following documents to prove their residency: a California Driver's license with an address in Santa Clara County; a recent income tax return showing a Santa Clara County address; proof of voter registration in Santa Clara County, or a utility bill with the student's name and address in Santa Clara County. If an applicant resides or resided with another person or persons (such as his or her parents) in Santa Clara County, a utility bill with that other person's name and address will also be accepted as proof of residency; in such cases, the applicant should indicate his or her relationship to the person whose name appears on the utility bill.
3. Must be a matriculated student participating in a U.S. university-certified study abroad program in Florence, Italy or enrolled at the University of Florence. Please provide a copy of official letter of acceptance into study abroad program in Florence, Italy.
4. Must have completed 60 units or more by time of departure for the program.
5. Must describe their interest in Italian culture in one to two paragraphs.
6. Complete and submit an application, which includes copies of transcripts, statement of purpose and three letters of recommendation.
7. If selected as a scholarship recipient, you will need to complete a W-9 Tax Form and provide your social security number for tax purposes before a check is awarded.

**Upon completion of the exchange program, program participants are expected to:**

1. Write an evaluative report about their experiences abroad and present it to the Florence Commission.
2. Attend at least one commission event or help at one commission fundraiser.
3. Assist with the promotion of study abroad and exchange with Florence, Italy and Sister County Commission Activities.

Please return this application via email to: [sistercounties@ceo.sccgov.org](mailto:sistercounties@ceo.sccgov.org)

**Applications Will be Accepted Starting**

(Applications accepted until current grant is awarded):  
August 1, 2022

**Possible request for Interviews:**

Approximately four months after submission at the discretion of the commission.



**County of Santa Clara/Metropolitan City of Florence, Italy**  
**Sister County Commission**

**Application for Scholarship toward Study Abroad**  
**For university students accepted to a Florence, Italy University Program**

*Please type or print clearly. Complete all sections of this application. If additional documents are submitted, include your name and Social Security number on every document.*

**Name:** \_\_\_\_\_  
(First) (Middle initial) (Last)

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Male** \_\_\_\_\_ **Female** \_\_\_\_\_

**University currently attending:** \_\_\_\_\_

**Major:** \_\_\_\_\_ **Minor:** \_\_\_\_\_

**Cumulative GPA:** \_\_\_\_\_ (3.0 or better required) **Class Level as of Spring 2022:** \_\_\_\_\_

**Accepted University Program in Florence Italy:** \_\_\_\_\_

**High School Attended:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Grad. Date:** \_\_\_\_\_

**How long have you lived in Santa Clara County?** \_\_\_\_\_

1. List in chronological order the principal academic and non-academic honors, activities, organizational affiliations or participation, community service and/or employment experience.

2. Recipients of the Sister-County Florence Scholarship are expected to promote study abroad opportunities in Florence, Italy and contribute to the promotion of the Florence Sister County Commission upon their return to campus. Activities can include, but are not limited to: speaking to the Commission, students and groups (classes, clubs), sitting at a table near your Student Union to distribute materials, participating in Commission activities, student information meetings, working with the editor of the Commissions newsletter or campus newspapers (talking to reporters, submitting announcements), and posting or distributing publicity materials. Describe how you would like to promote study abroad and identify any skills you possess that would help you successfully carry out this obligation.
  
3. What personal qualities or experiences qualify you to be a good representative of the Florence Sister County Commission- Santa Clara County and your University?
  
4. List any college level courses that you have taken in Italian language or about Italian culture.
  
5. Applicants must demonstrate the ability to pay the costs above and beyond the amount provided by the scholarship. Please indicate the estimated cost of the program, as well as the amount and source(s) of funds available.

Estimated total cost of program: \$ \_\_\_\_\_  
(Tuition, Fees, Housing, Meals, Personal Expenses, etc.)

Total Funds Available: \$ \_\_\_\_\_

Source(s): \_\_\_\_\_

**6. Please attach the following to this application:**

- **Transcripts from all colleges or universities attended**
- **Statement of Purpose (no more than one page, please!)**
- **Three letters of recommendation required: Two from academic instructors and one from a supervisor, if employed. If not employed, a third from an academic advisor would be acceptable. Please use enclosed form or have them use official letterhead. Recommendations need not accompany the scholarship application; however, they are subject to the same deadline.**
- **Proof of residency in Santa Clara County.** *(If the Commission finds out after a scholarship is awarded that the recipient did not, in fact, meet the residency requirement, the Commission could revoke the scholarship.)*

I certify that (1) the information given in this application, including all supporting documentation, are true and correct, and (2) I meet the residency criteria for this scholarship, as described in the application materials.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please return this application via email to:** [sistercounties@ceo.sccgov.org](mailto:sistercounties@ceo.sccgov.org)

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**County of Santa Clara/Metropolitan City of Florence, Italy**  
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**Scholarship Recommendation Form**

**Name:** \_\_\_\_\_  
(First) (Middle initial) (Last)

**Major:** \_\_\_\_\_ **Minor:** \_\_\_\_\_

*The Scholarship Committee appreciates your willingness to comment on the applicant's strengths and potential for success. Your responses will be given serious consideration in the evaluation of the student's ability to benefit from studying abroad for his/her personal development and career goals. You may use the reverse for additional comments. You may also write this recommendation on official letterhead, but please address all questions.*

1. How long and in what capacity have you known the applicant?
2. Describe the strengths of the applicant and their potential for success on a study abroad program?
3. How would you rate the applicant's motivation and initiative in pursuing academic and career goals?
4. In what way would an academic year abroad contribute to the applicant's academic and/or professional development?
5. Overall Rating (please check one):  
Strongly Recommended \_\_\_\_\_ Recommended \_\_\_\_\_  
Recommended with Reservation \_\_\_\_\_ Not Recommended \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_

Title or Position \_\_\_\_\_ Employer \_\_\_\_\_

Telephone # \_\_\_\_\_ Date \_\_\_\_\_

Please return this recommendation via email to [sistercounties@ceo.sccgov.org](mailto:sistercounties@ceo.sccgov.org).