



C/o Eli Weiss • PO Box 3078 • Aspen • Colorado 81612 USA apps@wildize.org 877•351•4507 Fax: 970-923-1695

WILDIZE FOUNDATION® SCHOLARSHIP GUIDELINES

WildiZe Foundation® will award a limited number of full or partial scholarships based on availability of funds to academically exemplary students with demonstrated need. The scholarships may range from \$400 to \$2,000 maximum, **per student, per academic year.**

YOU MUST SUBMIT ALL OF THE FOLLOWING DOCUMENTS IN ONE COMPLETE PACKAGE. ALL PORTIONS OF THIS APPLICATION MUST BE COMPLETED FOR YOU TO BE CONSIDERED FOR A SCHOLARSHIP. YOUR PACKET MUST INCLUDE:

1. Completed application form, with your name at the top of every page
2. Current official transcripts (*or grade reports or exams*)
3. Current Official Fee Schedule
4. The two (2) attached recommendation forms

APPLICATIONS FOR THE AUGUST 2003 – JUNE 2004 ACADEMIC YEAR WILL BE ACCEPTED FROM JANUARY 1ST THROUGH MARCH 31ST, 2003

YOUR COMPLETED PACKET MUST BE RECEIVED BY WILDIZE FOUNDATION® NO LATER THAN MARCH 31, 2003

PACKETS RECEIVED AFTER THE MARCH 31ST DEADLINE WILL NOT BE CONSIDERED

I. Eligibility Requirements

- You must be pursuing a degree that is related to conservation of wildlife (*includes wildlife biology or management, veterinary medicine or sustainable community development or management*)
- You must be enrolled as a full-time student during the period of the scholarship.
- You must have and maintain a B+ average or better.
- Your permanent residence must be in a rural area of central or southern Africa, from east to west.

II. Selection of Recipients

Selections will be based on student's overall academic progress and an evaluation of the individual's aptitude, motivation, level of need, character, and potential for scholastic and/or career achievement.

III. Notice Of Awards

WildiZe Foundation® will notify students by mail, facsimile or e-mail of scholarship award or denial by May 31, 2003

IV. Renewal of Scholarship

Scholarships may be renewed on an academic year basis, based upon satisfactory academic progress and availability of funds by WildiZe. Students must re-apply by the deadline for the next academic year. There is a separate Scholarship Renewal Application.

V. Cancellation of Funds

WildiZe Foundation® reserves the right, at any time, to cancel and demand remittance of any or all funds from scholarship awarded if the applicant fails to meet the standards of academic progress, scholarship requirements, or falsifies information.

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WILDIZE FOUNDATION® SCHOLARSHIP APPLICATION

Please Review Scholarship Guidelines before beginning the process.

PERSONAL DATA

Please print or type

Date of Birth: _____

Legal Name: _____
(First Name, Middle Name, Last Name)

Common Name(s) _____

Street: _____
Contact address – not University Address

Town _____ Country _____

Home Origin: _____

Telephone: _____
Including country code and city code, if applicable

Fax: _____ Email: _____

HAVE YOU APPLIED BEFORE? Yes _____ No _____ WHEN _____

USE OF SCHOLARSHIP FUNDS

Name of College or University you plan to attend or are currently enrolled in

Address _____

City _____

Country _____ Tel: _____
(Include country code, city code if applicable)

What Degree are you seeking? _____

Expected Date of Graduation _____

**** PLEASE ATTACH OFFICIAL TRANSCRIPTS, EXAM RESULTS, OR GRADES****

CHARACTER QUESTIONS

(Please attach additional sheets as needed with your name and date of application on every page)

- 1 **Personal Statement:** On a separate page type a short essay (one page only) about yourself including what you plan to study and why, explaining the broader scope of your career goals and opportunities.

- 2 What honors, awards, or recognitions have you received? List those achievements specifically related to your area of academic interest.

- 3 Please describe your non-academic activities and work experience .You may list community service, church work, and part-time or full-time employment.

SCHOOL CERTIFICATION

****This section must be filled out by a University or College representative i.e. Registrar, Department head, or Guidance Counselor**** *(Please Print)*

Name of Contact person _____ Title _____

Authorized Signature _____

Contact Telephone Number: _____
(Including country code and city code, if applicable)

Email: _____ Fax: _____

Is this student planning to attend the school year on the basis of (check one)?
 Semesters Quarters or Accelerated

Has this student been accepted for enrollment at your institution for the Scholarship period?
 Yes No

Is the student currently enrolled and attending your institution?
 Yes No

If enrolled, is the student maintaining a B+ or better level at your institution?
 Yes No

FEE SCHEDULES

A. What are the anticipated (check one) SEMESTER or QUARTERLY expenses? (Note: Please insert the expenses in the currency of the country of the school you wish to attend)

***Attach official University / College fee schedule**

Tuition	_____
Registration Fee	_____
Exam Fee	_____
Caution Money	_____
Materials Development Fee	_____

(A) TOTAL ANTICIPATED SEMESTER or QUARTERLY EXPENSES _____

B. Other anticipated expenses

Balances due carried forward _____ Explain _____

Activity Fee	_____	Explain: _____
Identification Fee	_____	
Medical Fee	_____	Explain: _____
Library Fee	_____	Explain: _____
Accommodation Fee	_____	
Living Expenses	_____	Explain: _____
Food	_____	

(B) TOTAL OTHER ANTICIPATED EXPENSES _____

**PLEASE NOTE: IF SCHOLARSHIP IS GRANTED, WILDIZE FOUNDATION®
RESERVES THE RIGHT TO AWARD FULL OR PARTIAL FUNDING**

OFFICIAL CERTIFICATION BY REGISTRAR OR DEPARTMENT HEAD

I CERTIFY that the information given above is true, complete and correct to the best of my knowledge and belief

Printed Name

Title *Date*

Authorized Signature

If applicable, place official stamp here>

OTHER FINANCIAL RESOURCES

- 1 Other scholarships that you have applied for and are waiting for a decision (describe)
- 2 Name any loans applied for and/or received
- 3 Family Resources available for educational support (describe)
- 4 Work income (describe)
- 5 Please list any other funding and sponsorships not listed above

1) _____ amount _____
2) _____ amount _____
3) _____ amount _____
Work Study _____ amount _____
Other _____ amount _____

(C) TOTAL OTHER RESOURCES _____

TOTAL YEAR EXPENSES _____

(Add lines (A) + (B) minus (C))

DO NOT WRITE IN THIS SPACE -WILDIZE INTERNAL OFFICE USE ONLY

Grade Average _____

Requested Grant Amount: _____
Other approved expenses: _____

TOTAL GRANT AWARD _____ **(U.S. DOLLARS)**

Comments:

WZF-ID# _____

ACADEMIC RECORD

1. **Primary School**

Name of School: _____

Address of School: _____

City, Country, Code: _____

Telephone: _____

: *(Include country code, city code if applicable)*

Graduation Date: _____ Grade Point Average: _____

2. **Secondary School**

Name of School: _____

Address of School: _____

City, Country, Code: _____

Telephone _____

(Include country code, city code if applicable)

Graduation Date: _____ Grade Point Average: _____

3. **Universities or College**

Name of School: _____

Address of School: _____

City, Country, and Code: _____

Telephone _____

(Include country code, city code if applicable)

Graduation Date: _____ Grade Point Average: _____

4. **Graduate School**

Name of School: _____

Address of School: _____

City, Country, Code: _____

Telephone: _____

(Include country code, city code if applicable)

Graduation Date: _____ Grade Point Average: _____

You may include past transcripts, exam report or awards in your field of study that you wish to be considered.

APPLICANT CERTIFICATION

I certify that all the information included in this application is true and complete. I hereby give permission to WildiZe Foundation® to verify such information and to release information to the donor or potential donor of any scholarship for which I may be eligible.

Print Full Name

Signature

Date

**** PLEASE ATTACH THE FOLLOWING TWO (2)
SCHOLARSHIP RECOMMENDATION FORMS ****

**ALL PORTIONS OF THIS APPLICATION MUST BE COMPLETED FOR
YOU TO BE CONSIDERED FOR A SCHOLARSHIP**

**The completed Application in its entirety should be mailed, faxed or e-mailed
together as a packet to:**

WildiZe Foundation®
c/o Eli Weiss
ATTN: Scholarship Program
POB 3078
Aspen, Colorado 81612 U.S.A.
Phone: (877) 351-4507 or (970) 923-1795
Fax: (970) 923-1695
E-mail: apps@wildize.org

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WILDIZE FOUNDATION SCHOLARSHIP RECOMMENDATION FORM #1

INSTRUCTIONS

(Please Type or Print)

To the Applicant: Please insert your name and address below before you submit it to your referee. Please consider using a teacher or professor (who has instructed you in an academic subject for at least one semester), a guidance counselor, a department head or employer.

Applicant's Name: _____
First, Middle Last

To the Referee: Please complete this form and attach any additional information you wish to be considered.

1. Referee's relationship to the applicant?
2. Describe briefly the kind and quality of the applicant's work.
3. What major strengths or weaknesses have you noted in the applicant?
4. What other insights do you wish to convey about the applicant?

REFEREE'S EVALUATION

5. Evaluate the student by checking the appropriate columns for each trait listed.

	Weak	Average	Strong	Excellent	Unknown
Inquisitiveness					
Motivation					
Perseverance					
Creativity					
Cooperativeness					
Responsibility					
Honesty					
Leadership					
Emotional Stability					
Common Sense					
Adaptability					
Academic Achievement					

(Please type or print)

Referee Name _____

Referee Signature _____ Occupation / Title _____

Contact Address: _____

City: _____ Country: _____

Telephone: _____
Including country code and city code, if applicable

Email: _____ Fax: _____

If applicable, place official stamp here>

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WILDIZE FOUNDATION SCHOLARSHIP RECOMMENDATION FORM #2

INSTRUCTIONS

(Please Type or Print)

To the Applicant: Please insert your name and address below before you submit it to your referee. Please consider using a teacher or professor (who has instructed you in an academic subject for at least one semester), a guidance counselor, a department head or employer.

Applicant's Name: _____
First, Middle Last

To the Referee: Please complete this form and attach any additional information you wish to be considered.

1. Referee's relationship to the applicant?
2. Describe briefly the kind and quality of the applicant's work.
3. What major strengths or weaknesses have you noted in the applicant?
4. What other insights do you wish to convey about the applicant?

REFEREE'S EVALUATION

5. Evaluate the student by checking the appropriate columns for each trait listed.

	Weak	Average	Strong	Excellent	Unknown
Inquisitiveness					
Motivation					
Perseverance					
Creativity					
Cooperativeness					
Responsibility					
Honesty					
Leadership					
Emotional Stability					
Common Sense					
Adaptability					
Academic Achievement					

(Please type or print)

Referee Name) _____

Referee Signature _____ Occupation / Title _____

Contact Address: _____

City: _____ Country: _____

Telephone: _____
Including country code and city code, if applicable

Email: _____ Fax: _____

If applicable, place official stamp here>