



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

WILDIZE FOUNDATION® SCHOLARSHIP RENEWAL GUIDELINES

WildiZe Foundation does not guarantee renewal of your scholarship. A ***limited number*** of full or partial scholarships, based on the Foundation's availability of funds, may be available to academically exemplary students with demonstrated need.

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 renewal form, with your name at the top of every page
2. All Official transcripts since last application
3. Current Official Fee Schedule
4. Recommendation forms from each current instructors in courses that your degree/major is dependent upon (as many forms as you require)

RENEWAL APPLICATIONS WILL BE ACCEPTED FROM JANUARY 1ST THROUGH MARCH 31ST PRIOR TO THE ACADEMIC YEAR FOR WHICH FUNDS ARE SOUGHT

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 within 60 days of receipt of completed application

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.

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.

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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Applicant Name _____ Date _____



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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 _____ ID# _____

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

- 2 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 _____

Email: _____ Fax: _____

Has this student been accepted for continued enrollment at your institution period?

Yes No

Is the student currently enrolled and attending your institution?

Yes No

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	_____

Applicant Name _____ Date _____

(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 Please list any other funding and sponsorships you have received toward your current academic year.

1) _____ amount _____

2) _____ amount _____

3) _____ amount _____

4) _____ amount _____

Work Study _____ amount _____

Other _____ amount _____

Applicant Name _____ Date _____

(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#	_____

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

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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>