

# OTA International Summer Abroad Scholarship



**Student Name:**

**TRIO Program:**

**High School:**

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**TRIO Professional Name:**

*Check the box for each category to indicate that you believe your students meets the criteria:*

Do you believe that the student would benefit significantly from this international experience?

Would you vouch for the responsibility of this student and their capacity to handle an international experience?

Do you feel this student is deserving of the opportunity based on previous TRIO program history and engagement?

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**Signature**

**Date**