Charl	College of Health and Hu Scholarship Applica es V. and Audrey Palm F (For HDFS student	tion Form Riker Fund for HDFS s only)		
Name:	Student ID	#		
Cell Phone#: ()	Home Pho	one #: ()	·	
Local Address	City	State	Zip Code	
Home Address	City	State	Zip Code	
	@ purdue.edu			
Email address		non-Purdue email	address	
GPA: (must be at lea	st 3.0) Clas	Class standing:		
HDFS Major:				
Name of Study Abroad Program you a	re applying to:			
<ul> <li>b. How this study abroad of the s</li></ul>	louble-spaced) covering the participate in a Study Abroad experience relates to your ec- constraints you are facing. If additional family expenses co- arent, loss of aid/scholarship, study abroad experience wit ate transcript from Purdue U e. nendation. The letter must b ived by <b>Monday, February</b> it commit to actively promote	following topics: program and what you explucational objectives and c applicable, describe chang ue to illness or death, or o etc.) h others. niversity. e from a faculty or staff me <b>3, 2025</b> . HHS Study Abroad Progra	pect to gain from it. areer aspirations. ges in financial standing (i.e. ther unique circumstances ember at Purdue.	
abroad experience.			g analor and and and study	
Signature:		Date:		
We will create a Box folder for yo	u to upload the completed	application form, essay,	transcript, resume, and	

will create a Box folder for you to upload the completed application form, essay, transcript, resume, an recommendation letter. For more information and to request a Riker Fund Scholarship Box folder, email Penny Kelly at <u>kelly28@purdue.edu</u>