

## ROSA RABELL STUDENT TRAVEL SCHOLARSHIP APPLICATION

### P.K. Yonge Developmental Research School

**In order to be eligible to apply, the P.K. Yonge student should have a minimum of a 3.0 unweighted GPA, have completed a minimum of three years of Spanish study and have consistently carried at least a B (3.0) average in his or her current Spanish class. Students must be at least 15 years old by June 1st. Students who have not taken Spanish are not eligible. Students who can prove financial need as demonstrated by lunch status will be given special consideration. Seniors are not eligible.**

\_\_\_\_\_  
Student (Applicant) Name

\_\_\_\_\_  
Birth date

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Parent or Guardian Name:

\_\_\_\_\_  
Current Spanish Teacher:

#### ELIGIBILITY CRITERIA:

1. Overall GPA (unweighted): \_\_\_\_\_
2. Overall GPA (weighted): \_\_\_\_\_
3. Free or reduced lunch program?    Yes \_\_\_\_    No \_\_\_\_

#### STUDENT/PARENT CONTACT INFORMATION:

\_\_\_\_\_  
Mailing Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone (     ) \_\_\_\_\_ Fax (     ) \_\_\_\_\_

Parent Work (     ) \_\_\_\_\_ Cell (     ) \_\_\_\_\_

\_\_\_\_\_  
Parent email

#### SPANISH STUDIES INFORMATION

1. Spanish level in which Applicant is enrolled  
\_\_\_\_\_

2. Number of years of Spanish study  
\_\_\_\_\_

3. International Club Member:    Yes \_\_\_\_    No \_\_\_\_    Office Held: \_\_\_\_\_

|  |                                     |
|--|-------------------------------------|
| <b>Other AP-Level classes:</b>                         | 1. _____ 2. _____ 3. _____ 4. _____ |
| <b>Other Honors-Level classes:</b>                     | 1. _____ 2. _____ 3. _____ 4. _____ |
| <b>Other Clubs, Activities, and Community Service:</b> |                                     |
| <b>Other Honors and Awards:</b>                        |                                     |

**PARENTAL RELEASE, INDEMNIFICATION, AND HOLD HARMLESS AGREEMENT**  
**(PLEASE NOTE: Student is not eligible for competition without this signature.)**

**FULL NAME OF APPLICANT:**  
\_\_\_\_\_

In consideration of my child, the above-named Applicant, receiving the benefits of the Rosa Rabell Student Travel Scholarship Program (the “Program”) during the Summer of 2022, I hereby agree as follows:

I enter into this agreement individually and on behalf of my child (the “Child”), who is not eighteen (18) years of age. For myself and my Child, and for our respective estates, heirs, administrators, executors, and assigns, I hereby release and hold harmless the Florida Board of Governors, the State Board of Education, the University of Florida Board of Trustees, the P.K. Yonge Developmental Research School, and their officers, directors, employees, representatives, agents, and volunteers (collectively, the “Releases”) from any and all liability and responsibility whatsoever, however caused, for any and all damages, claims, or causes of action that I or my Child, or our respective estates, heirs, administrators, executors, or assigns may have for any loss, illness, personal injury, death, or property damage arising out of, connected with, or in any manner pertaining to my Child’s participation in the Program, whether caused by the negligence of the Releases or otherwise.

I fully understand that there are potential risks associated with international travel and with my Child's participation in the Program, including, but not limited to, possible injury or loss of life. Despite the potential hazards associated with international travel and the Program, I, individually and on my Child's behalf, wish for him or her to proceed, and freely accept and assume all risks, dangers, and hazards that may arise from his or her participation in the Program and that could result in loss, illness, personal injury, death, or property damage to him or her, whether caused by the negligence of the Releases or otherwise. I acknowledge that my Child is freely and voluntarily participating in the Program and that he or she is not required to participate in the Program.

I further hereby agree to indemnify and hold harmless the Releases from any judgment, settlement, loss, liability, damage, or costs, including court costs and attorney fees for both the trial and appellate levels, that Releases may incur as a proximate result of any negligent or deliberate act or omission by my Child during his or her participation in the Program.

In signing this agreement, I acknowledge and represent that I have read and understand it; that I sign it voluntarily and for full and adequate consideration, fully intending to be bound by the same; and that I am at least eighteen (18) years of age, fully competent, and the legal parent or guardian of my Child.

**Parent/Guardian Signature** \_\_\_\_\_

**Printed Name** \_\_\_\_\_

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

**APPLICANT STATEMENT** *(Please read and sign):*

If I am awarded the Rosa Rabell Scholarship, I promise to write a thank you letter to Mr. Paco Rabell, husband of the late Señora Rosa Rabell (PKY will mail the thank you letter). I also promise to share my study and travel experiences with my class upon my return.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**APPLICANT – PLEASE BE CERTAIN TO:**

- 1. Obtain approval from your current Spanish teacher**
- 2. Attach a one-page essay (in English): *My Thoughts on the Benefits of Studying Spanish***
- 3. Attach one (1) letter of recommendation from a P.K. Yonge teacher.**
- 4. Attach two (2) letters of recommendation from contacts not employed by P.K. Yonge.**

**(Application will not be considered complete without these documents.)**

***Completed applications and all accompanying materials must be delivered before  
Thursday, September 14 at 2:30 to:  
Grisell Santiago, P.K. Yonge D.R.S.  
1200 SW 6<sup>th</sup> Street, Gainesville FL 32601***