VIH PROGRAM LETTER OF AGREEMENT

Congratulations on being admitted to the VIH Program! Please read the following carefully so you are fully aware of the responsibilities and obligations associated with this award. As one of the awardees admitted to the VIH Program, I agree to adhere to the following requirements:

- 1. I will participate in two mandatory weekend conferences: March xx, and September xxxx, in Pittsburgh, PA. These conferences offer the basic fundamentals of leadership and cross-cultural skill building. I will complete up to four mandatory pre-conference assignments. In the event that I am unable to attend all of the scheduled activities during both conferences, I will forfeit my place in the VIH Program and be required to return the scholarship that I received for my global experience. Attending all of the scheduled activities during both conferences includes arriving on time to the first activity on the first day of each conference.
- 2. I will receive a scholarship in the amount of \$x,xxx by early May of xxx. This award is to be put towards the cost of a global experience during the summer of xxxx. The scholarship must be returned *in full* should any of the following situations arise:
 - My program is cancelled and I do not work with my campus coordinator and the VIH Director to find a suitable replacement program.
 - I decline the award.
 - I decide, for any other reason, not to participate in the **designated study abroad program** for the specific term for which the award was made.
 - I decide, for any reason, not to complete the entirety of my global experience.
 - I do not participate in the September conference.
 - I do not return to my home institution for the entirety of the fall semester following my global experience.

In the event that any of the above-mentioned situations occur, I will also forfeit my place in the VIH Program.

- 3. Upon my return from my global experience, I will prepare an Experience Report and submit it to my Campus Coordinator by September 1, xxxx. The Experience Report consists of the following components: budget; short-answer questions; five photos, including at least one of you in the country in which your global experience took place; and, a paragraph of 8-10 sentences detailing your insights about your international experience. In the event that I do not submit my Experience Report by the deadline, I will forfeit my place in the VIH Program.
- 4. I will continue as a student at the institution where I was selected as a VIH awardee, at least for the fall semester following my international experience. In the event that I do not continue as a student at my home institution, I will forfeit my place in the VIH Program. If I decide to transfer in the spring, I will notify my campus coordinator no later than the start of the fall semester.
- 5. I will complete a Community Engagement Experience (CEE), a CEE Report, a VIH Feedback Sheet and a 15 minute online survey by January xxxx. In the event that I do not complete these requirements, I will forfeit my place in the VIH, and I will not receive the final \$1,000 of my scholarship.

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- 6. I will work with my Campus Coordinator for twelve hours to promote the VIH Program for future students. Promotional activities include information sessions, study abroad fairs, administrative assistance, and designing appropriate advertisements and materials.
- 7. I give permission for the VIH Program to use any photos of me participating at the retreats or during my CEE on the website or in promotional materials.
- 8. I will conduct myself in a professional and responsible manner both in written correspondence and in person while involved in all aspects of the VIH Program. This includes, but is not limited to:
 - Responding to emails and RSVPs in a timely fashion,
 - Adhering to deadlines
 - Acting in a respectful manner towards both the facilitators and coordinators of the VIH Program.

I realize that the VIH Program is both an opportunity and a responsibility. In the event that I do not meet the above-outlined obligations to my cohort, the program and the coordinators, I will forfeit my place in the VIH Program.

Please sign Letter of Agreement and turn it into your Campus Coordinator.

| Signature | \overline{ON} | Date | |
|------------------|-----------------|------------|--|
| Home Institution | | Print Name | |