



**Our World-Underwater Scholarship Society
North American Rolex Scholarship Application**

P.O. Box 4428, Chicago, IL 60680

If sending application via UPS/FedEx (no signature required):

2446A Brunswick Circle, Woodridge, IL 60517

Phone: (630) 969-6690 Fax: (630) 969-6690

Email: execadmin@owuscholarship.org

Website: www.owuscholarship.org

Name _____ Telephone Number _____

Permanent Address _____

City, State, Zip _____

Date of Birth _____ Sex M or F

Place of Birth _____ Citizenship _____

Mailing Address (11/1 – 3/1) _____

City, State, Zip _____

Phone Number (11/1 – 3/1) _____

Phone Number (2/10 – 2/20) _____

Email _____ Fax Number _____

School Attending (Attended) _____ Degree Awarded/Date _____

School Address _____

Major Course of Study _____ Grade Point Average _____

Present Overall Grade Point Average _____ Academic Level _____

Other School(s) Attended _____ Degree(s) Awarded _____

Primary Underwater Interest _____

Your available date to start the Scholarship year _____

How did you become aware of the Scholarship? _____

Financial Responsibility Statement

I, _____, hereby attest that my financial stability is presently sound and sufficient for the purpose of application and participation in the Our World-Underwater Scholarship in the year of _____. In the event that I exceed the limits of the Scholarship financial support, my family, supporters and myself will guarantee that I will have adequate funds to cover food, lodging, and minimal ground transportation costs whenever needed in order to fulfill my obligations during my Scholarship year. Under no circumstances will I be forced to decline or resign from the Scholarship for financial reasons.

Signature

Date

DIVING HISTORY

CERTIFICATION NAME	CERTIFYING AGENCY	YEAR CERTIFIED
Certification:		
Open Water/Open Water I		
Advanced		
Leadership Courses:		
Teaching Assistant		
Dive Master		
Assistant Instructor		
Instructor		
Instructor Trainer		
Specialty Courses:		
Archaeology		
Cave		
Cavern		
Ecology / Environment		
Dive Medic		
Equipment Specialist		
Ice Diver		
Nitrox / Mixed Gas		
Photography		
Rescue		
Search and Recovery		
Technical Diver		
Other (specify)		
Other (specify)		

	SALT WATER	FRESH WATER
Number of Dives Logged		
Number in last 12 months		
0 – 60 feet		
61 – 130 feet		
Greater than 130 feet		
Maximum Depth Reached		

What type of diving comprise the majority of your dive experience?

- Cave / Cavern
- Lake
- Ocean
- Quarry
- River
- Other _____

What was the purpose of these dives?

- Recreation
- Rescue
- Scientific
- Training
- Other _____

PERFORMANCE BY THE SCHOLAR

During the year, the Scholar is required to keep diving and personal logs and to capture video and photographic images which chronicle personal impressions of experiences. At the end of the year, the Scholar is expected to engage in an evaluation of his or her educational and career goals. This self-evaluation, along with a chronology of the year of activities, is reflected in a required final report to the Board of Directors as well as in one or more audiovisual presentations given by the Scholar during the annual conference.

REQUIREMENTS

To be eligible for the Scholarship, the applicant must:

- Be a certified Rescue Diver or equivalent, with a minimum of 25 logged open water dives over the past two years.
- Be no younger than 21 and not have reached his or her 26th birthday by the application deadline (December 31).
- Be a citizen of a North American country (United States, Canada, Mexico, & the Caribbean) and be fluent in English.
- Submit a diving fitness medical examination using the form provided. If selected as a scholar, must successfully pass a NOAA diving physical.
- Have not yet earned a graduate degree by April 1st of the Scholarship year and have not yet chosen a clearly defined career path. The applicant must demonstrate high academic standing.
- Have evidence of adequate health insurance for duration of Scholarship year.

APPLICATION DEADLINE

Completed applications must be **received no later than December 31** to be considered for the next Scholarship.

Applications will be accepted all year.

Note 1: A personal interview will be required of the finalists.

Note 2: Applications will not be considered if all of the items required are not received by the December 31st deadline. **NO EXCEPTIONS** will be granted. Certified mail or an overnight service is suggested, but many couriers and shipping services will not deliver to a post office box. **Assemble application documents in a single large envelope for mailing. Recommendations and transcripts shall be included, enclosed in sealed envelopes with signatures across the seal.**

Medical Evaluation Criteria

This form is similar to the NOAA medical form, which is the basis of medical evaluation that will allow diving at NOAA facilities and is the criteria for acceptance as the Scholar.

These criteria are to be used by the examining physician in evaluating an applicant's physical fitness for diving:

- **Clinical Evaluation:** There should be no bleeding tendency.
- **Ears:** Check for perforation.
- **Nose and Sinuses:** Persons having acute or chronic sinus trouble should not dive unless free drainage of the sinuses is assured.
- **Mouth and Throat:** Bridgework or dentures should fit solidly. The applicant should be capable of retaining a mouthpiece.
- **Heart:** Thrust, size, rhythm, rate and sounds should be normal.
- **Blood Pressure:** Blood pressure should not exceed 145 millimeters systolic, or 90 millimeters diastolic on repeated examinations for unrestricted diving.
- **Lungs and Chest:** No evidence of active latent disease.
- **Chest X-Ray:** Unnecessary unless clinical suspicion.
- **Hemoglobin :** Red and White Blood Cells should be within normal limits
- **Neuromuscular:** The applicant should be able to demonstrate fine and gross muscular coordination. Reflexes should be normal. Joints should be free from disabling arthritic conditions.
- **Endocrine:** Note any Endocrine disturbances; are they well-controlled?
- Alcoholism, unusual use of drugs, medicines, intoxicants, or drug addiction shall disqualify the applicant.
- **Central Nervous System:** History of syncope, epilepsy, organic disease of the central nervous or history of head injury with sequelae shall disqualify the applicant. All abnormalities of the cranial nerves, deep tendon reflexes, balance, position discrimination, sensation or coordination (including gait) should be recorded in detail.
- **Skin:** the skin should be free of active, or acute disease which may prove undesirable from the standpoint of equipment sharing.
- **Visual Acuity:** A normal ophthalmoscopic and extra-ocular musculature examination shall be given.

Basic Medical Examination Form

Candidate for Our World Underwater Scholarship - Please complete the following:

Name: _____ Age: _____ Date of Birth: _____ Sex: _____
 Address: _____ City: _____ St: _____ Zip: _____
 Phone: (_____) _____ Hair: _____ Eyes: _____ Weight: _____ Height: _____

Medical History: Relate your medical history to the following topics. Check all that apply:

<input type="checkbox"/>	Medical Problems
<input type="checkbox"/>	Recent Illness
<input type="checkbox"/>	Operations
<input type="checkbox"/>	Mental or Emotional Problems
<input type="checkbox"/>	Medications taken regularly
<input type="checkbox"/>	Allergies (list drugs taken)
<input type="checkbox"/>	Respiratory Problems
<input type="checkbox"/>	Hay fever, Asthma or Bronchitis
<input type="checkbox"/>	Difficulty Breathing through the Nose
<input type="checkbox"/>	Shortness of breath
<input type="checkbox"/>	Persistent cough
<input type="checkbox"/>	Frequent Colds or Sore Throat
<input type="checkbox"/>	Sinus Trouble
<input type="checkbox"/>	Headaches
<input type="checkbox"/>	Ear or face pain when going to the bottom of the pool
<input type="checkbox"/>	Ear Trouble (Pain, Drainage, Rupture)

<input type="checkbox"/>	Ear Pain with change of altitude
<input type="checkbox"/>	Hearing Loss
<input type="checkbox"/>	Rheumatic Fever
<input type="checkbox"/>	Heart Trouble or Palpitations
<input type="checkbox"/>	Chest Pain
<input type="checkbox"/>	Epilepsy, Fits, or Convulsions
<input type="checkbox"/>	Diabetes (list medications)
<input type="checkbox"/>	Dizziness, fainting or motion sickness
<input type="checkbox"/>	Claustrophobia (fear of closed spaces)
<input type="checkbox"/>	Panic Easily
<input type="checkbox"/>	Glasses or contacts
<input type="checkbox"/>	Alcoholic Beverages: Occasional, Heavy
<input type="checkbox"/>	Smoke ____ packs per day
<input type="checkbox"/>	Rejection from any activity for medical reasons
<input type="checkbox"/>	Medical Problems not listed

Date of last - Chest X-Ray: _____ Medical Examination: _____
 Hearing Test: _____ Electrocardiogram: _____ Tetanus Immunization: _____
 Explanation: (print or Type on additional sheet)

I certify all the information I have provided is complete and accurate.

Applicant Signature

Date

Height (inches) and Weight (lbs) table: Applicant should not exceed weight for the height.

Height	Weight	Height	Weight	Height	Weight	Height	Weight
64	164	68	184	72	205	76	230
65	169	69	189	73	211	77	236
66	174	70	194	74	218	78	242
67	179	71	199	75	224		

Physician's Report

A: Medical History aspects _____

Examination:

Head & Neck
Eyes
Ears, Nose Throat
Back and Abdomen
Lungs & Chest
Heart
Extremities
Neurologic
Psychiatric
Chest X-Ray
Audiogram (optional but advisable)

Comments on Examination:

Conclusions:

Approved (Applicant has no defects I would consider incompatible with diving)

Disapproved (applicant has defects which, in my opinion, would clearly constitute unacceptable hazards to his health and safety in diving.

I have discussed the applicant's defects, if any, which would not seriously interfere with diving, but which may seriously compromise his subsequent health. Applicant understands the nature of the hazards and the risks involved in diving with these defects.

Signature: _____ Date: _____

MD Office:

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ - _____

APPLICATION CHECKLIST

- Application Form completed and signed, including execution of Financial Responsibility Statement
- \$25.00 application or re-application fee (non-refundable) enclosed
- Photocopy of both sides of all your scuba diving certification card(s)
- Copy of your dive log for the last six months.
(your dive log from the past two years may be requested)
- Official transcript(s) through the most current semester.
- Completed medical form signed by a licensed physician
- Two letters of recommendation from teachers or professors from whom you have taken class(es)
- Two letters of recommendation from persons in your community
- Statement from certifying agency (or school) or most recent scuba instructor regarding your diving proficiency
- Current resume including any extracurricular activities
- Personal biography (maximum 2 pages, double spaced) detailing relevant activities
- Statements (maximum 2 pages each, double spaced):
 - 1. What are your personal goals for the Scholarship year and how will the Scholarship help you to achieve them?
 - 2. How do you hope to contribute to the Underwater World from both a personal and global perspective?
- Scholarship/Intern Option

Only one Our World-Underwater Scholarship is awarded each year. The scholar spends approximately one year participating in a broad variety of experiences. One or more internships may be available for other qualified applicants. Interns spend one to three months at one destination. Opportunities in this program vary each year according to the availability. Please visit our website for more information.

Please check which program you wish to apply for:

Scholarship Only _____ Scholarship and Intern Program _____