



**Our World-Underwater Scholarship Society
European Rolex Scholarship Application**

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Name _____

Date of Birth _____ Sex: M or F _____ Citizenship _____

Place of Birth _____

Permanent Address _____

City, Country, and Post Code _____

Mailing address (if different) _____

City, Country and Post Code _____

Phone number _____

Mobile number _____

E-mail _____ **Fax Number** _____

School Attending (Attended) _____ Degree Awarded/Date _____

School Address _____

Major Course of Study _____

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, Europe, in the year of _____. In the event that I exceed the limits of the Scholarship financial support, my family, supporters and I will guarantee that I will have adequate funds to cover food, lodging, and minimal ground transportation costs whenever needed in order to fulfil 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

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 European Rolex Scholarship, the applicant must:

- Be a citizen of a European nation
- Be able to speak English fluently
- Be no younger than 21 and have not yet reached his or her 26th birthday by the application deadline (December 31)
- Be a certified Rescue Diver or equivalent, with a minimum of 25 logged dives over the past two years
- Have evidence of adequate health insurance for duration of Scholarship year
- Pass a preliminary medical examination for diving fitness using the form provided in this application
- Upon selection, applicant must pass a U.K. sport diving medical carried out by a recognised diving medical referee
- 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

APPLICATION DEADLINE

Completed applications must be received no later than **31st December** of each year to be considered for the following year's 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 unless all of the required items are received by the 31st December.

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.

DIVING HISTORY

CERTIFYING AGENCY

YEAR CERTIFIED

<u>Certification:</u>		
Basic training		
Current level of certification (specify)		
<u>Leadership Courses:</u>		
Teaching Assistant		
Dive Master		
Assistant Instructor		
Instructor		
Instructor Trainer		
<u>Specialty Courses:</u>		
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 - 20 metres		
20 - 40 metres		
Greater than 40 metres		
Maximum Depth Reached		

What types 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 _____

MEDICAL EVALUATION CRITERIA

These criteria are to be used by the examining physician in evaluating an applicants 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 millimetres systolic or 90 millimetres diastolic on repeated examinations for unrestricted diving.
 - **Lungs and Chest:** No evidence of active latent disease.
 - **Chest X-Ray:** Unnecessary unless clinical suspicion.
 - **Haemoglobin:** 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.
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BASIC MEDICAL EXAMINATION FORM

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

Name: _____

Address: _____ City: _____

Country: _____ Post: _____ Phone: (_____) _____

Age: _____ Date of Birth: _____ Sex: _____

Hair: _____ Eyes: _____ Weight: _____ Height: _____

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

	Medical Problems
	Recent Illness
	Operations
	Mental or emotional Problems
	Medications taken regularly
	Allergies (list Drugs Taken)
	Respiratory Problems
	Hay fever, Asthma or Bronchitis
	Difficulty Breathing through the Nose
	Shortness of breath
	Persistent cough
	Frequent Colds or Sore Throat
	Sinus Trouble
	Headaches
	Ear or face pain when going to the bottom of
	the pool
	Ear Trouble (Pain, Drainage, Rupture)
	Ear Pain with change of altitude
	Hearing Loss

	Rheumatic Fever
	Heart Trouble or Palpitations
	Chest pain
	Epilepsy, Fits or Convulsions
	Diabetes (list medications)
	Dizziness, fainting or motion sickness
	Claustrophobia (fear of closed in spaces)
	Panic Easily
	Glasses or contacts
	Alcoholic Beverages: Occasional, Heavy
	Smoke _ number per day
	Rejection from any activity for medical reasons
	Medical Problems not listed

Date of last - Chest X-Ray: _____ Medical Examination: _____

Hearing Test: _____ Electrocardiogram: _____ Tetanus immunisation: _____

Explanation: (print or type on additional sheet)

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

Applicant Signature Date

Height (in cm) and Weight (in kg) table:

Applicant should not exceed weight for the height.

Height Weight	Height Weight	Height Weight	Height Weight
163 74	173 84	183 93	193 104
165 77	175 86	185 96	196 107
168 79	178 88	188 99	198 110
170 81	180 90	191 102	

PHYSICIAN's REPORT

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 constitutes unacceptable hazards to his/hers 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/her 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 _____ Country _____

Post _____ Phone (____) _____ E-mail _____

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 do you hope to contribute to the underwater world?
 - 2. What are your personal goals, and how will the Scholarship help you to achieve them?