

**FRIENDS OF STUDY ABROAD FUND  
APPLICATION FORM**

To be considered for funding, students must be accepted into a study abroad program for academic credit with a minimum length of 4 weeks. Funds are awarded on the basis of academic performance, financial need, and other considerations. In the event that the funds are awarded and a student does not go abroad, the student will be responsible for repaying the total amount funded.

Directions: Please complete parts A, B, and C below and attach the appropriate documentation for part B. The shaded box on Page 2 should be left uncompleted. Return this form & documentation to the Study Abroad Office, International Multicultural Center (IMC) at 18 S. National Avenue or Internal Mailbox #97.

**A. STUDENT INFORMATION:**

**NAME:** \_\_\_\_\_

**ADDRESS: (Home)** \_\_\_\_\_

**(Local)** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**Study Abroad Program:** \_\_\_\_\_ **Semester/Year:** \_\_\_\_\_

**Dates of program:** \_\_\_\_\_ **Number of Credits Registered:** \_\_\_\_\_

**B. FUNDING REQUEST:** Check the appropriate number below and provide an explanation and estimated cost. Normally, requests are funded from \$100 - \$500, depending on the financial need of the applicant.

**Choose one:**

- |                              |          |
|------------------------------|----------|
| 1. ___ School-sponsored trip | \$ _____ |
| 2. ___ Independent Travel    | \$ _____ |
| 3. ___ Other (describe)      | \$ _____ |

\_\_\_\_\_

**TOTAL AMOUNT REQUESTED:** \$ \_\_\_\_\_

**C. STUDENT AGREEMENT:**

*I understand that I am responsible for repaying the funds if I do not go abroad.  
I also agree to send a letter of appreciation to the donor and a picture at the end of the experience.*

**PRINT NAME:** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Students: Do Not Write Below**

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**FINANCIAL AID OFFICE:**

To: Director, Financial Aid  
Re: Financial Need

This student has applied for funds from Friends of Study Abroad. Since the amount of funds allocated to the student is based, in part, on need, please circle the degree of need using the scale below and return this application directly to the Study Abroad Office.

Low High  
1 2 3 4 5

Signature, Financial Aid Representative: \_\_\_\_\_ Date: \_\_\_\_\_

**STUDY ABROAD OFFICE:**

A. Eligibility Criteria: \_\_\_\_\_ GPA  
\_\_\_\_\_ Acceptance into Study Abroad Program  
\_\_\_\_\_ Submission of all documentation

**B. AMOUNT OF FUNDS ALLOCATED:** \_\_\_\_\_

Signature, Study Abroad Director: \_\_\_\_\_ Date: \_\_\_\_\_

Date check sent: \_\_\_\_\_

C. Follow up:  
\_\_\_\_\_ Date: Thank-you letter/photo received from student  
\_\_\_\_\_ Date: Letter/photo sent to donor