

# Study Abroad Program Cost Form

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The Applicant, the Study Abroad Coordinator, and the Office of Financial Aid need to complete this form. Once this form is completed, include this form in any study abroad scholarship applications. This form ensures that all study abroad related financial need is added to the student's account. Also, this form ensures that the student is notified about their eligibility for financial aid on this study abroad trip. This form must be included in scholarship applications to ensure the award decisions reflects the increased need of the traveling student.

## I. Applicant Section

\_\_\_\_\_  
Applicant's Full Name

\_\_\_\_\_  
Banner ID

\_\_\_\_\_  
Last FAFSA Completed Date

Applicant: Initial by each statement acknowledging that you understand or have completed the requirements of the study abroad program:

- \_\_\_\_ I checked my financial aid eligibility  
\_\_\_\_ I have been accepted into the study abroad program and I have financial need, verified by the Office of Financial Aid.  
\_\_\_\_ I will remove all account holds from my student account prior to registration, and pay for courses in full prior to departure.  
\_\_\_\_ To receive study abroad scholarships I must register for the course(s) required for the trip.

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## II. Study Abroad Coordinator Section

1. Where is the proposed study abroad program located? \_\_\_\_\_
2. What are the proposed dates of this study abroad program? From: \_\_\_\_\_ To: \_\_\_\_\_
3. Please itemize the estimated cost for the study abroad program:  
1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
**Total Estimated Cost** \_\_\_\_\_

\_\_\_\_\_  
Signature of Study Abroad Coordinator

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

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## III. Financial Aid Counselor Section

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|---|-----|----|-----|--------|------|
| 1. Is the student eligible for increased Financial Aid? | Yes | No | Low | Medium | High |
| 2. What is the student's level of financial need?       | Yes | No |     |        |      |
| 3. Are the program costs on the student's account?      |     |    |     |        |      |

\_\_\_\_\_  
Signature of Financial Aid Counselor

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date