ARCADIA UNIVERSITY
THE COLLEGE OF GLOBAL STUDIES

Scholarship Application for Study Abroad
The College of Global Studies

Student Section

Completing this section authorizes the release of financial information to Arcadia University for the purpose of evaluating this application.

Student Last Name _____ *First Name* _____ *M.* _____

Arcadia Program _____

Study Period:
- ❑ Acad. Year
- ❑ Fall
- ❑ Spring
- ❑ Summer
- ❑ J-Term

Year _____

E-mail Address _____

Student's Signature _____ *Date* _____

Financial Aid Administrator Section

To be completed by your home school financial aid office before submitting this application to Arcadia University. Completing this section verifies that the information provided is accurate as of the endorsement date. Arcadia University's study abroad fees are available at: **www.arcadia.edu/abroad/fees**

Administrator Last Name _____ *First Name* _____

Title _____ *Institution* _____

E-mail Address _____ *Phone* _____

Administrator's Signature _____ *Date* _____

Student's Expected Family Contribution (EFC) from FAFSA*: 20 ____ / 20 ____ $_____
*(*based on FAFSA 9-month academic year, regardless of study abroad period)* *Academic Year* *Amount*

Financial Aid Report *for Study Abroad Period*		**Estimate?**	**Transfers to Study Abroad?**		**Amount**
Grants:	Federal PELL	❑ Yes	❑ Yes	❑ No	$_____
	Federal SEOG	❑ Yes	❑ Yes	❑ No	$_____
	State	❑ Yes	❑ Yes	❑ No	$_____
	College Merit	❑ Yes	❑ Yes	❑ No	$_____
	College Need-Based	❑ Yes	❑ Yes	❑ No	$_____
	_____	❑ Yes	❑ Yes	❑ No	$_____
	_____	❑ Yes	❑ Yes	❑ No	$_____
				TOTAL GRANTS:	$_____
Loans:	Federal Subsidized Stafford	❑ Yes	❑ Yes	❑ No	$_____
	Federal Unsubsidized Stafford	❑ Yes	❑ Yes	❑ No	$_____
	Federal Perkins	❑ Yes	❑ Yes	❑ No	$_____
	Federal PLUS	❑ Yes	❑ Yes	❑ No	$_____
	_____	❑ Yes	❑ Yes	❑ No	$_____
	_____	❑ Yes	❑ Yes	❑ No	$_____
				TOTAL LOANS:	$_____
				TOTAL AID:	**$**_____

For more information about this scholarship program, please go to: **www.arcadia.edu/abroad/scholarships**

When both sections are complete this form should be faxed to (215) 572-2174