

To be completed by the applicant

Name: _____
Last First Middle

Signature: _____ Date: _____

By signing this form, I authorize the Financial Aid Office at my home institution to release my financial aid information to the Center's scholarship committee.

Program: _____

Term: Fall Spring Summer Year 20 _____ Program Cost: \$ _____

To be completed by Financial Aid Counselor

The student named above is applying for a scholarship to assist with the cost of enrollment into a study abroad program administered by the Center for Global Education. The information you provide will be used only by the Center's scholarship committee to determine the applicant's eligibility and scholarship amount. Awards will be reflected as a credit toward the Center's program cost, not as a check to the scholarship recipient. Thank you for your assistance.

1. Please list the amounts of financial aid available for the study abroad term listed above:

Federal Stafford Loan _____ Federal Perkins Loan _____

Federal PLUS loan _____ Other loans _____

Federal Pell Grant _____ Federal SEOG _____

State Grant _____ Institutional aid _____

Other aid available to the student for this term _____

Expected Family Contribution (EFC) for this study abroad term _____

Total amount of aid available to the applicant for this study abroad term

Your name: _____ Title: _____

Signature: _____ Date: _____ Institution _____

Phone: _____ E-mail: _____

Please, keep a copy for your records and return the completed form to the Center for Global Education via e-mail to askcge@augsborg.edu, fax to 612.330-1695 or by mail to: Center for Global Education, Scholarship Committee, 2211 Riverside Av, CB 307, Minneapolis, MN 55454