

STUDY ABROAD FINANCIAL ASSISTANCE FORM

FOR GROUP OR FACULTY-LED/FACULTY-COORDINATED PROGRAM PARTICIPANTS

SECTION 1 – TO BE FILLED OUT BY STUDENT

Full Name: _____ PSU ID: _____ Abroad credit hours _____

Faculty leader/coordinator _____ Name of Country _____

Start date of program _____ End Date _____ Semester of study _____

SECTION 2 – TO BE FILLED OUT BY FINANCIAL ASSISTANCE OFFICER ONLY

FINANCIAL ACCOUNTING

Tuition	\$ _____
Books	\$ _____
Room/Board	\$ _____
Transportation	\$ _____
Miscellaneous	\$ _____
PSU Cost of Attendance	\$ _____
+ Additional expenses relating to study abroad (documentation required)	
Program Fees	\$ _____
Airfare	\$ _____
Meals	\$ _____
Visa expenses	\$ _____
Passport expenses	\$ _____
Additional housing	\$ _____
Other _____	\$ _____
Total additional expenses	\$ _____

TOTAL COST OF ATTENDANCE \$ _____

- PSU Financial Aid Available

Federal Pell Grant	\$ _____
Scholarships	\$ _____
Federal Stafford Loan	\$ _____
Additional Unsub Loan	\$ _____
Parent PLUS loan	\$ _____
Stipend from SAB Committee	\$ _____
Other	\$ _____

TOTAL FIN. AID AVAILABLE \$ _____

= STUDENT'S REQUIRED OUT OF POCKET EXPENSE \$ _____

Special notes regarding delivery of aid:

***FINANCIAL AID WILL NOT DISBURSE UNTIL THE 1ST DAY OF CLASSES @ HOST SCHOOL**

☐ I, _____ (Student Initial) have discussed my options with the Financial Assistance Counselor. The financial analysis above reflects the aid available to me according to the information the Financial Assistance Counselor and I have at this moment. This may only be an estimate of costs and aid.

☐ I, _____ (Student Initial) have discussed my options with the Financial Assistance Counselor, and have decided I will **not** use financial aid to pay for the study abroad program outlined in this Study Abroad Financial Assistance form.

Financial Assistance Counselor Signature _____ **Date** _____

☐ I, _____ (Student Initial) understand that I may be eligible for Financial Assistance towards this study abroad program, but I **choose not** to discuss my options with the Financial Assistance Counselor, and have decided I will not use financial aid to pay for the study abroad program outlined in this Study Abroad Financial Assistance form. I understand that my decision cannot be changed at a later date.

Student Signature _____ **Date** _____

Students choosing Option 3 are not required to get a signature from the Financial Assistance Counselor

Revised
04/16/13