

# STUDY ABROAD FINANCIAL ASSISTANCE FORM

## FOR EXCHANGE PROGRAM PARTICIPANTS

### SECTION 1 – TO BE FILLED OUT BY STUDENT

Full Name: \_\_\_\_\_ PSU ID: \_\_\_\_\_ Abroad credit hours \_\_\_\_\_

Exchange University \_\_\_\_\_ Name of Country \_\_\_\_\_

Start date of exchange 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 1<sup>ST</sup> 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