

STUDY ABROAD FINANCIAL ASSISTANCE FORM

FOR NON-EXCHANGE PROGRAM PARTICIPANTS

SECTION 1 – TO BE FILLED OUT BY STUDENT

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

Name of Program of Institution _____ Name of Country _____

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

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

Cost of Study Abroad Program (Semester) \$ _____

+ Additional expenses relating to study abroad (documentation required)

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 _____