

Student Section

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

_____ <i>Student Last Name</i>	_____ <i>First Name</i>	_____ <i>M.</i>
_____ <i>Arcadia Program</i>	Study Period: <input type="checkbox"/> Acad. Year <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> J-Term	_____ <i>Year</i>
_____ <i>E-mail Address</i>		
_____ <i>Student's Signature</i>	_____ <i>Date</i>	

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: studyabroad.arcadia.edu

_____ <i>Administrator Last Name</i>	_____ <i>First Name</i>
_____ <i>Title</i>	_____ <i>Institution</i>
_____ <i>E-mail Address</i>	_____ <i>Phone</i>
_____ <i>Administrator's Signature</i>	_____ <i>Date</i>

Student's Expected Family Contribution (EFC) from FAFSA*: (*based on FAFSA 9-month academic year, regardless of study abroad period)	20____ / 20____ <i>Academic Year</i>	\$ _____ <i>Amount</i>
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Financial Aid Report <i>for Study Abroad Period</i>	Estimate?	Transfers to Study Abroad?	Amount
Grants: Federal PELL	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Federal SEOG	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
State	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
College Merit	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
College Need-Based	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
_____	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
_____	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
TOTAL GRANTS:			\$ _____
Loans: Federal Subsidized Stafford	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Federal Unsubsidized Stafford	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Federal Perkins	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Federal PLUS	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
_____	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
_____	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
TOTAL LOANS:			\$ _____
TOTAL AID:			\$ _____

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

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