Center for
GLOBAL EDUCATION
and EXPERIENCE

FINANCIAL AID NOTIFICATION FORM

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 _____ 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 and Experience. 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 (printed): _____ Title: _____

Signature: _____ Date: _____

Institution _____

Phone: _____ E-mail: _____

Return completed form to the Center for Global Education and Experience via e-mail to anderso4@augsburg.edu or fax to 612-330-1695.

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