

**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.

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 [globaled@augsborg.edu](mailto:globaled@augsborg.edu)**