

**CARROLL COLLEGE**  
**FINANCIAL AID APPLICATION FOR STUDY ABROAD PROGRAMS**  
**2008-09**

NAME \_\_\_\_\_ CARROLL I.D. \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
 \_\_\_\_\_ SSN NUMBER \_\_\_\_\_

Program of study:

\_\_\_ CCSA Fall Program Machu Picchu/Wilson-Rincon Credit hours \_\_\_\_\_  
 \_\_\_ CCSA Spring Program France/Glaes Credit hours \_\_\_\_\_  
 \_\_\_ CCSA Summer Program\* Belize/Fox-Hokit Credit hours \_\_\_\_\_  
 \_\_\_ CCSA Summer Program\* London/Driscoll Credit hours \_\_\_\_\_  
 \_\_\_ Other \_\_\_\_\_ Credit hours \_\_\_\_\_

**\* An application for Summer School 2009 must accompany this application if you will enroll in Summer School classes in addition to the study abroad program.**

How many credits are you attempting/did you attempt in the Fall of 2008? \_\_\_\_\_

How many credits are you attempting/did you attempt in the Spring of 2009? \_\_\_\_\_

Do you/will you possess a baccalaureate degree as of December 31, 2008? Yes \_\_\_ No \_\_\_

What is your anticipated graduation date? \_\_\_\_/\_\_\_\_/\_\_\_\_

What is your cumulative GPA? \_\_\_\_\_

**\*you must meet GPA requirements for your chosen program.**

Has your course of study been approved by your advisor for credit toward your degree/certificate at Carroll? Yes \_\_\_ No \_\_\_

Have you coordinated your study abroad work with Carroll's Office of International Programs? Yes \_\_\_ No \_\_\_

I certify that (1) the above information provided by me is true and complete to the best of my knowledge, (2) I have discussed my study abroad with my advisor and Carroll's Department of International Programs, (3) my study abroad program has been approved for credit toward my degree/certificate work at Carroll and (4) I have been admitted to Carroll College and am seeking a degree or certificate from Carroll College. I understand that should I attempt fewer credit hours than the number on which my Study Abroad financial aid package is developed, my package may be adjusted and I may be liable to Carroll and/or the federal government for any balance owed resulting from the adjustments.

\_\_\_\_\_  
 Student Signature Date

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 FINANCIAL AID OFFICE USE ONLY

Pell Scheduled Award \_\_\_\_\_ Staff. Eligibility \_\_\_\_\_  
 Pell Award - Fall \_\_\_\_\_ Staff. Award - AY \_\_\_\_\_  
 Pell Award - Spring \_\_\_\_\_ Staff. Remaining Elig. \_\_\_\_\_  
 Pell Remaining Elig. \_\_\_\_\_  
 \_\_\_\_\_ Staff./Ind. Elig. \_\_\_\_\_  
 PLUS \_\_\_\_\_ Staff./Ind. Award-AY \_\_\_\_\_  
 Perkins \_\_\_\_\_ Staff./Ind. Rem. Elig. \_\_\_\_\_

\_\_\_\_\_ Months EFC \_\_\_\_\_

CARROLL COLLEGE STUDY ABROAD STUDENT FINANCIAL AID FORM

Student Name: \_\_\_\_\_ Advisor: \_\_\_\_\_ ID: \_\_\_\_\_

Host Institution: \_\_\_\_\_ Country: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

SEMESTER (S) \_\_\_\_\_

YEAR(S) \_\_\_\_\_

SHORT TERM \_\_\_\_\_

EXCHANGE : Y or N      NOTES: \_\_\_\_\_

**STUDY ABROAD STUDENT EXPENSES:**

Tuition . . . . . \$ \_\_\_\_\_

Fees . . . . . \$ \_\_\_\_\_

Room . . . . . \$ \_\_\_\_\_

Board . . . . . \$ \_\_\_\_\_

Transportation . . . . . \$ \_\_\_\_\_

Books and Supplies . . . . \$ \_\_\_\_\_

Personal Expenses . . . . \$ \_\_\_\_\_

Other . . . . . \$ \_\_\_\_\_

**TOTAL. \$** \_\_\_\_\_

\_\_\_\_\_ is seeking a degree at Carroll College.

Carroll College has approved the selected courses and when earned the credits will be placed on the student's academic transcript. If the student's enrollment status changes, the Carroll Financial Aid Office will be notified.

The Study Abroad Office will assist the student in completing the academic forms and returning them to the Registrar's Office. **The student's advisor is informed.**

The student is enrolled in the following courses:

Course Description/Name and Number	Credits
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Approved by: \_\_\_\_\_  
Michelle Lewis  
Director, International Programs  
Or  
Shannon Ackeret  
Assistant Director, Study Abroad

Approved by: \_\_\_\_\_  
Janet Riis  
Director, Financial Aid  
Or  
Marti Pearce  
Financial Aid Associate Director

Please Note: \_\_\_\_\_