



APPLICATION FOR AID TO STUDY ABROAD



Name _____ Student ID _____
 Home Address _____ Student SSN _____
 _____ Student Class _____
 Parent Name _____ MBC Box No. _____
 Address (if different) _____ MBC Phone No. _____

Academic year for which aid is requested _____
 Academic Major _____ Minor _____
 MBC Academic Advisor _____ Ext. _____
 Country in which you plan to study _____
 College which sponsors your program* _____
 (*If not MBC, a consortium agreement is required.)

Address of program _____
 Name & phone number of contact with program _____
 Program begins ____ / ____ / ____ and ends ____ / ____ / ____
 Cost of planned off-campus program \$ _____ (Attach copy of program literature.)

	1 ST SEMESTER	2 ND SEMESTER	MAY TERM	TOTAL (OFF CAMPUS)
Tuition				
Fees				
Room				
Board				
Special Events*				
Other (if listed)*				
Books (if listed)*				
Travel (if listed)*				
TOTAL				

*Required for program but not included in program costs. Travel includes one round-trip expense.

I have reviewed the MBC leaflet on aid to study abroad. I understand I will be awarded from all sources for which my program is eligible. My FAFSA has been or will be filed to demonstrate need for aid.

Student Signature _____ Date _____

Parent Signature _____ Date _____

This student is approved for the program described above and a minimum of ____ semester hours with a grade of ____ or better will be accepted by MBC.

Faculty Sponsor/Advisor Signature _____
 _____ Date _____

FAO Approved _____