Application for Financial Aid for Summer Study Abroad 2016

Student’s Name________________________________________________ Student ID Number___________________

Phone Number____________________________________ Year in School [ ] First [ ] Second [ ] Third [ ] Fourth

Email Address________________________________________________

Study abroad program are you applying: [ ] Costa Rica Summer Health Program

Have you been accepted into the program? [ ] Yes [ ] No

Planned Number of Course Credits (2 required)______________

Please initial below to all that apply to you.

____ All students who require financial aid for the summer study abroad program agree to have an individual counseling session with a member of the Financial Aid staff prior to leaving for their summer program.

____ Financial Aid is available to cover the comprehensive fee to study abroad, which includes tuition, fees, room and board. The level of financial aid you are eligible for depends upon your financial need.

____ Traditional students at Pitzer are eligible for 8 semesters of financial aid. By enrolling in either summer study abroad program, you will use half a semester of financial aid. To not exceed the maximum 8 semesters of financial aid, students who use half a semester of financial aid agree to enroll part time (no more than 2 courses) for one semester upon returning from the summer program. This is usually the second semester of your senior year.

____ New Resource students will use the equivalent of two courses of financial aid by participating in either summer study abroad program.

I understand that by enrolling and receiving financial aid to assist with the costs of a Pitzer summer study abroad program, I will earn two course credits and will use the equivalent in financial aid eligibility. I agree that upon return from my summer study abroad program, I will enroll part time (maximum of 2 courses) for one semester. I certify that all of the information reported on this form and any attachments are true, complete and accurate. I agree to provide additional proof of the information reported here, if requested to do so. I understand that false statements or misrepresentations will be cause for denial, reduction, withdrawal, and/or repayment of financial aid.

Student Signature________________________________________ Date________________________