

## Study Abroad Scholarship Application Form

Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Email: \_\_\_\_\_

School Address and Phone Number:

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

\_\_\_\_\_

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

Students should submit Financial Aid information in the form of their student financial aid award letter.

Applying to which Study Abroad Program: \_\_\_\_\_

Major: \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_

Reference 1: \_\_\_\_\_

Reference 2: \_\_\_\_\_

By my signature, I authorize UGA's Student Financial Aid office to release my student financial aid information to the Franklin College of Arts and Sciences.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date