### Affiliate Summer Study Abroad: Estimated Expenses and Resources

Complete the left side of this form BEFORE you meet with the Office of Financial Assistance. Budget information is available on program brochures and host institution websites.

**Estimated Pre-departure Expenses:**

<table>
<thead>
<tr>
<th>Estimated Program Cost:</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Additional Estimated Expenses:</td>
<td>$</td>
</tr>
</tbody>
</table>

**Total Estimated Cost:**

We've estimated based on previous students’ reports. These are conservative estimates. Your spending habits may differ.

**Estimated Financial Resources:**

<table>
<thead>
<tr>
<th>Direct Loans:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Loans/Aid:</td>
</tr>
<tr>
<td>Possible Study Abroad Scholarships:</td>
</tr>
<tr>
<td>(Note: Scholarship awards may range from $500-$2000 and you must apply by stated deadlines)</td>
</tr>
<tr>
<td>Outside Study Abroad Scholarships:</td>
</tr>
<tr>
<td>Personal Savings/Earnings:</td>
</tr>
<tr>
<td>Family Contributions:</td>
</tr>
<tr>
<td>Other Contributions:</td>
</tr>
</tbody>
</table>

**Total Estimated Financial Resources:**

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### Financial Aid Agreement

Please check one of the following boxes and sign below:

- [ ] I will be able to meet the financial obligations of this program on my own **without a financial aid award**.
- [ ] **I will need to receive financial aid** in order to meet the financial obligations of this study abroad program.

________________________
Student Signature

_____/______/______
Date

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### Statement of Acknowledgement

By signing this document, I am stating that I **understand and am agreeing** to all of the following:

1. I have researched the costs associated with my selected study abroad program and have developed a funding plan to cover these costs. If I am seeking financial support from family or outside sources, I have discussed program expenses with these parties.

2. In order to receive financial assistance for this summer program, I **must earn at least six credit hours** during the summer.

3. I understand that if I do not **pay in full by April 15th**, I will not be eligible to participate. I will be subject to withdrawal and refund policies of the Office of International Programs.

4. I understand that my financial assistance may be affected if I do not complete my program or earn the minimum credit hours required.

5. When my aid is disbursed, it is **my responsibility to pick up the check from the Meredith Office of Accounting**. If I would like my check to be mailed to me, I must notify the Office of Accounting and provide a current mailing address. Funds are typically released 10 to 14 days ahead of departure date.

6. The deadline to apply for Meredith study abroad scholarships is February 15th.

**For FA Personnel Only**

________________________
Student Signature

_____/______/______
Date

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