

Study Abroad Budget Worksheet

This form is a required for completion of the Study Abroad Application. It is important to estimate the costs for study abroad and the financial resources available to fund them. Note that tuition, fees, room, and meals frequently increase from 5-15 percent per year. Your study abroad financial aid package may vary from your typical semester financial aid package. Directions:

- 1. The student fills in Section One of the form with details on their particular program.
- 2. Bring the form (with Section One completed) to the Financial Aid Office (CSS-101) and a Financial Aid Advisor will complete Section Two and sign it.
- 3. Turn in the completed form with the Financial Aid Advisor and student signature with the Study Abroad Application.

Section One		
Student Name:		ID:
Host Institution or Program Provider: <u>El Salvador</u>		Affiliate Program: Yes No <u>Faculty-led</u>
Semester of Exchange:	Summer 2016 (May 21- June 3)	Ferris tuition charged? <u>Yes</u> No
ESTIMATED COSTS:	Per Term	
Tuition/Fees	\$ 1176	(3 credits)
Host Room and Meals	\$ 390 (acco	om.)+ \$200 (food)
Books/Supplies	\$	
Insurance	\$ 20	
Transportation	\$ 195	
Personal Expenses	\$ TBD	
Airfare to/from Host	\$ 750	
Miscellaneous	\$ 635	
	COSTS	\$ <u>3400</u> TOTAL ESTIMATED
Section Two		
RESOURCES:	Per Term	Not all aid is applicable to exchange programs. Check with your Financial
Personal Savings	\$	Aid Advisor and/or scholarship source.
Family Support	\$	
Federal Pell Grant	\$	
Perkins Loan	\$	
Federal SEOG	\$	
Institutional Aid	\$	Signature of Financial Aid Advisor
Scholarships	\$	
State Aid	\$	
Federal Direct Loans	\$	Date
Altenative Loans	\$	_
Work on exchange	\$	
Other:	\$	
	\$	TOTAL ESTIMATED RESOURCES

As a student receiving aid from Ferris State University for an approved Study Abroad Program, by submitting this form, I authorize the appropriate staff members of the Office of International Education, Financial Aid, Business Operations, and Record's Offices at Ferris State University and the host institution or program provider listed on this form to exchange information on my application, to discuss my financial aid and to provide each other with necessary academic information such as hours attempted, hours completed and course grades each semester.

Student Signature ____

_____ Date: _____