

Study Abroad Budget Worksheet

This form is a required for completion of the Short Term Study Abroad Application. It is important to estimate the costs for study abroad and the financial resources available to fund them. 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 short term 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: _____
 Program Name: **Italian Study Abroad Program**
 Program Leader: **John Caserta**

ID: _____
 Program Dates: **May 7, 2016-May 20, 2016**
 Number of credits: _____

ESTIMATED COSTS:	3 Credits
Tuition/Fees 3 credits	\$1176
Program Fee	\$2675
Airfare to/from Host	\$1000
Books/Supplies	\$
Miscellaneous meals <small>(any meals not included in program fee)</small>	\$ 300
Miscellaneous expenses <small>(any fees not included in program fee)</small>	\$ 100
Personal Spending Money	\$
HTH Insurance	\$25
TOTAL ESTIMATED COSTS	\$5275

ESTIMATED COSTS:	6 Credits
Tuition/Fees 6 credits	\$2352
Program Fee	\$2675
Airfare to/from Host	\$1000
Books/Supplies	\$
Miscellaneous meals <small>(any meals not included in program fee)</small>	\$ 300
Miscellaneous expenses <small>(any fees not included in program fee)</small>	\$ 100
Personal Spending Money	\$
HTH Insurance	\$25
TOTAL ESTIMATED COSTS	\$6450

Section Two

RESOURCES:	Per Term
Personal Savings	\$ _____
Family Support	\$ _____
Federal Pell Grant	\$ _____
Perkins Loan	\$ _____
Federal SEOG	\$ _____
Institutional Aid	\$ _____
Scholarships	\$ _____
State Aid	\$ _____
Federal Direct Loans	\$ _____
Alternative Loans	\$ _____
Work on exchange	\$ _____
Other: _____	\$ _____
TOTAL ESTIMATED RESOURCES	\$ _____

Not all aid is applicable to exchange programs. Check with your Financial Aid Advisor and/or scholarship source.

Signature of Financial Aid Advisor

Date

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.

Student Signature _____ Date: _____