NOTICE OF FINANCIAL AID AWARD FOR STUDY ABROAD/AWAY
University of Wisconsin Oshkosh
Student Accounts Office & Office of International Education

This form must be submitted directly to Student Accounts (Dempsey 236) by the study abroad/away program fee payment deadline.

Name: ____________________________________________

ID Number: ___________________

Phone Number: _____-______-________

Study Abroad/Away Program Name: ______________________________________________

Session: Fall 20___  Spring 20___  Summer 20___

I will be receiving Financial Aid to cover all / part of the cost of my study abroad/away program.

Total amount to be received in Loans: $______________

Total amount to be received in Grants or Benefits: $______________

Total amount to be received in Scholarships: $______________

SELECT ONE:

☒ Financial Aid will pay all of my fees.  Turn in this form by the first payment deadline.

☒ Financial Aid will pay some of my fees.  Turn in this form by the first payment deadline (or by the second payment deadline if you have covered the first payment in full.)

REQUIRED DOCUMENTATION FOR NON-FAFSA AWARDS:

☒ Veterans – The letter from my Veterans Affairs caseworker or certifying official detailing which specific study abroad expenses will be covered, is attached.

☒ Outside Loan – The letter from my loan provider; including the name of the financial institution, the amount of the loan, and the loan’s disbursal date, is attached.

☒ Scholarship/Grant – The letter from the scholarship/grant committee; including the name, amount of the award, and the disbursal date of the scholarship/grant, is attached.

I understand that I am responsible for paying any costs for my study abroad program that are not covered by Financial Aid to my student account by the payment deadlines.

Signature: _________________________________________  Date: ___/___/____

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FOR OFFICE USE ONLY

Received by: _________________________________________  Date: ___/___/____