



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: _____

FIRST

LAST

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.
 (CIRCLE ONE)

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 disbursement date, is attached.
- Scholarship/Grant** – The letter from the scholarship/grant committee; including the name, amount of the award, and the disbursement 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: ____/____/____

FOR OFFICE USE ONLY

Received by: _____

Date: ____/____/____