

**2022-2023**  
**STUDY ABROAD GRANT ELIGIBILITY APPLICATION**

**To apply for financial assistance for your study abroad program follow these steps:**

1. Complete and Print Section A of this form.
2. From the online Program Brochure of your selected program, print and attach a copy of the budget sheet to this form. If a budget is not available, please contact the Study abroad Office.
3. Make an appointment with Financial Aid Counselor, Blake Taylor ([taylorb@uwp.edu](mailto:taylorb@uwp.edu)) to discuss this application and program budget sheet.
4. Once Financial Aid has completed Section B, form to be forwarded to Study Abroad Office for program verification.

**SECTION A (Student):**

Student name \_\_\_\_\_ Program dates: \_\_\_\_\_ to \_\_\_\_\_

Program Name/Location: \_\_\_\_\_

Student ID: \_\_\_\_\_ Tel: \_\_\_\_\_ Email: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please Note:**

- **WI Study Abroad Grant:** Requires US citizenship & WI residence, 2.5 GPA and a FAFSA-determined "need" (1-time grant only). Programs 14 days (or under) = \$750, Programs over 14 days = \$1000, 1 or 2 Semester programs = \$2000
- **Other Parkside Grants:** Requirements dependent upon type of grant and program.
- Parkside study abroad awards are applied directly to the student SOLAR account upon the student's program commitment.
- Failure to complete the study abroad program and/or the associated class(es) may lead to a recall of grant funds.

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**SECTION B: (For Financial Aid Office Use)**

**FA Determination of Eligibility 0**

Wisconsin resident:	Yes _____ No _____	Undergrad _____ Grad _____	GPA _____
FAFSA on file:	Yes _____ No _____	One Term Budget +	\$ _____
Prior FT status?:	Yes _____ No _____	One Term EFC -	\$ _____
Eligible:	Yes _____ No _____	One Term Total Aid -	\$ _____
Any balance owed?	Yes _____ Amount _____	STAB Need	\$ _____
	No _____		

**FA Award Entry**

WI Study abroad grant amount : \_\_\_\_\_ Proposed Awarding Date: \_\_\_\_\_

Other Award: \_\_\_\_\_ Amount: \_\_\_\_\_ Proposed Awarding Date: \_\_\_\_\_

Other Award: \_\_\_\_\_ Amount: \_\_\_\_\_ Proposed Awarding Date: \_\_\_\_\_

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**SECTION C: (For ISS/SA Office Use)**

**Study Abroad Approval:** Student is enrolled in authorized program and award should be issued: Yes \_\_\_\_\_ No \_\_\_\_\_