

Financial Assessment Form

World Learning
SIT Study Abroad



888 272-7881 | Fax 802 258-3500 | studyabroad@sit.edu | www.sit.edu/studyabroad

Must Be Completed By Student

Dear Financial Aid Officer:

I am applying for a scholarship from SIT Study Abroad for the (circle one) **FALL/SPRING/SUMMER 20**____ term.
This form is required for my scholarship application. I authorize you to release the following information.

Please return this form to SIT immediately, as scholarship deadlines vary by program.

SIT program title _____ Program fee _____

Print name _____ Signature _____

Student's please note: If you do not receive financial aid from your home college and would like to apply for a scholarship, you should still have your financial aid office complete this form.

Must Be Completed By Financial Aid Office

This form is for use **only** by SIT's scholarship committee. It will **not** be sent to our billing office, and it is **not** a consortium agreement. If fall or summer term data is not available, please give an estimate based on the current spring term. If your institution does not administer aid for study abroad with SIT, please check here and complete number 9 below. Thank you for your time in support of your student's application.

Please indicate the amounts to be provided for the term given above:

- | | |
|--|----------|
| Federal Stafford Loan (circle expected grade level: 1 2 3 4) | 1. _____ |
| Federal Pell Grant | 2. _____ |
| Federal SEOG | 3. _____ |
| Federal Perkins Loan | 4. _____ |
| State Grant | 5. _____ |

Amount of **institutional** financial aid to be provided by your school (Do not include 1-5.): 6. _____

Amount of other aid available for this study abroad term _____ 7. _____
please specify

Total amount of financial aid available for this study abroad term (add lines 1-7): 8.

Expected family contribution (EFC) for one term: 9. _____
For the spring or fall terms, please use 50% of the 9-month EFC. For the summer term, please use a 2-month EFC.

Total resources available for this study abroad term (add lines 8 and 9): 10.

Your name and title _____

Signature _____ Date: _____ Institution _____

Telephone _____ Email _____

Please return by fax to: 802 258-3500
or mail to: Financial Aid Office, SIT Study Abroad, 1 Kipling Road, PO Box 676, Brattleboro, Vermont 05302-0676