



FINANCIAL WORKSHEET FOR STUDY ABROAD

Directions: Please complete the following information in consultation with a financial aid officer at your college or university. Submit to gcsa@cgedu.org

Student Name: _____

Student ID: _____ **Student E-Mail:** _____

Percentage of Total Fees/Expenses Paid by Scholarships/Grants _____

FUNDS AVAILABLE AND APPLICABLE FOR STUDY ABROAD

PELL Funds Available for Study Abroad _____

STAFFORD LOAN Funds Available for Study Abroad _____

STATE Funds Available for Study Abroad _____

(In State Programs or Consortia Agreements Required)

OTHER PRIVATE Funds Available and Applicable for Study Abroad _____

(If available, please list below with applicable amounts)

TOTAL ESTIMATE _____

Signed: _____

Date: _____

Financial Aid Representative

Student