

CGE Study Abroad Program

SCHOLARSHIP APPLICATION

Submit form and attachments to studyabroad@cgedu.org

				Last Name:		
(As it appears on	your passport)			(As it appears	s on your passport)	
E-mail address (re	equired):		Pho	ne Number:		
Home College/Un	iversity:			Academic Major:		
Year in School:	Sophomore	_ Junior	Senior	Cumulative GPA:		
Study Abroad Co.	untry/Program:					
Permanent Ad	ldress:					
Street:						
City:				State:	Zip Code	
Permanent Phone	Number: ()		Permanent E-mail Address		
and a commitmen Study Abroad	t to email a summa	ry 1 paragrap Please checl	h report and pion	ture at mid-term and a the over completed BEFOR	for the study, personal study abend of the term. Double spaced, E submitting this applica	12 pt. for
Consult wit	h a Financial Aid C	'ounselor at w	our home univer	city		
	th CGE Study Abro	_	our nome univer	sity		
				nrough Scholarship that I an to CGE at studyabroad@cg	n committing to attach my Ratio	onale and
Applicant's Signat	ture			Date		_,
For Office U	Jse Only:					