



Scholarship Application Financial Release Form

Alliance for Global Education
A Division of IFSA-Butler
1730 M Street NW, Suite 402
Washington, DC 20036

Phone: 888-232-8379
Fax: 317-940-9704
Email: kspringer@ifsa-butler.org

Student Section

Completing this section authorizes the release of financial information to the Alliance and IFSA-Butler for the purpose of evaluating your scholarship application.

Birth date _____ Name _____

Program Choice _____ Study Term Fall Spring Summer

Home School _____ Email Address _____



Student's Signature

Date

Financial Aid Administrator Section

To be completed by your home school financial aid office before submitting this form to the Alliance and IFSA-Butler. Completing this section verifies that the information provided is accurate as of the endorsement date. Please use estimated data and mark the estimated box if actual amounts are not yet available. Actual study abroad program fees are available at www.allianceglobaled.org.

Name _____ Title _____

Phone (____) _____ Fax (____) _____ Email Address _____



Administrator's Signature

Date

Student's Expected Family Contribution (EFC) from FAFSA* 20____ / 20____ \$ _____
*(*based on FAFSA 9-month academic year, regardless of study abroad term)* **Academic Year** **Amount**

Financial Aid Expected for the Term Indicated Above**	Estimated?	Transfers to Study Abroad?		Amount
GRANTS: Federal Pell Grant	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
Federal SEOG Grant	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
State Grant	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
College Merit Awards	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
College Need-Based Grants	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
_____	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
_____	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
TOTAL GRANTS:				\$ _____
LOANS: Federal Subsidized Stafford Loan	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
Federal Unsubsidized Stafford Loan	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
Federal Perkins Loan	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
Institutional Student Loan	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
Federal PLUS Loan	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
_____	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
_____	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
TOTAL LOANS:				\$ _____
TOTAL AID:				\$ _____

Submit this form via fax or email by March 1 for summer term, April 15 for fall term, or November 1 for spring term.