

## STUDY ABROAD FINANCIAL WORKSHEET

Please complete this form with the Study Abroad Coordinator & then make an appointment with Ms. Katrina Smith (ksmith@njcu.edu) in the Financial Aid Office.

Name		Gothic ID	Program	
			University & Country	
Direct Exchange or Provider? Dates of Prog		Dates of Prograi	m Abroad	
Direct Exchange	Provider			
Cost of Study Abroad Program			Anticipated Financial Aid	
1. Application Fee (If Applicable)			1. Pell Grant	
2. Tuition			2. State Grant(s)	
3. Room			3. Direct Stafford Loan	
4. Meals		4. Alternative Loans		
5. Insurance		5. Other Funding: (scholarships, personal funds, etc.)		
6. Travel				
7. Personal Expenses				
Total Budget			Total Anticipated Aid	
PRO	JECTED ADD	OITIONAL FUNI	DING REQUIRED	
need additional funding an	d have exhauste	ed all grant and so	tracting the Total Anticipated Aid from the T cholarship possibilities, you can also apply f se speak with the Financial Aid Office for m	or a PLUS (Parent
		Finar	ncial Aid Officer's Signature	Date
		Stud	ent's Signature	Date

Study Abroad Coordinator's Signature

Date