

Hollins Abroad

Application for Visiting Student Merit Award

IMPORTANT! COMPLETE THIS FORM ONLY IF YOU ARE APPLYING FOR A MERIT AWARD.

Hollins University is committed to helping students study abroad, and we're pleased that you are considering our programs. Our merit awards are intended to assist students for whom a modest amount of financial aid can make a difference and financially allow them to participate in Hollins Abroad programs. Award decisions are based upon a combination of academic merit and financial need. Please note that the merit awards can only be applied towards the comprehensive program fee.

In order to apply for the Visiting Student Merit Award, please complete the following application and mail it to the Hollins Abroad office by October 31st for the spring term or calendar year and March 31st for the fall term or academic year.

THE APPLICATION PROCESS

Step One: Fill out the "Student Information" areas on both sides of this form.

Step Two: Ask your study abroad advisor to complete the Study Abroad Advisor section below.

Step Three: Ask your financial aid administrator to complete the Financial Aid Administrator section on the reverse side of this form

Step Four: Please be sure to complete Visiting Student Merit Award questionnaire online.

Step Five: Mail your completed forms to the *Hollins Abroad Office*, *Hollins University*, *P.O. Box 9597*, *Roanoke*, *VA 24020*.

STUDENT INFORMATION

Name (please print):	
Birth Date:; Study Period: Fall; Spring; Calendar Year; A I will graduate in (month/year)	cademic Year
Cumulative GPA on a 4.0 scale.	
Present Institution	
E-mail Address	
Authorization: I give my permission to release financial and financipurpose of evaluating my application for financial support.	nncial aid data on file to the Hollins Abroad Office for the
Student's Signature:	Date:
TO BE COMPLETED BY STUDY ABROAD ADVISOR	
Name:	
Title: Fax: () Fax: ()	
Phone: ()Fax: ()	
E-mail Address:	
I acknowledge that the student named above is an applicant to	indicated program.
Advisor's Signature:	Date:

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STUDENT INFORMATION			
Name (please print):			
Birth Date:			
Study Period: Fall; Spring	_ ; Calendar Year	; Academic Year	·
TO BE COMPLETED BY FINANCIA	I AID ADMINISTRAT	n P	
			the Hollins Abroad Paris program. Your he
is requested with this application. Die	g for illiancial support to	oward the cost of	the nomins Abroau Pans program. Your he
			stimated box if actual amounts are not yet
			we have found it very unusual for grant
			ogram comprehensive fee for the 2008-09
Academic Year is \$18,475 and cover	rs all program costs inc	luding tuition, roo	m and board. It does not include
transatlantic airfare.			
Name:			
Title:			
Title:	Fax: ()		
E-mail Address			
Administrator's Signature:)ate:
7 diffilliotrator o digitaturo.			
Institution's Current Annual Cost of A	ttondance for a Pocide	ent Student ¢	
Institution's Cost of Attendance for the	Torre Indicated (acc	shava) Φ	
Institution's Cost of Attendance for the Student's Expected Family Contribute	ie rem indicated (see	above) \$	· · · · · · · · · · · · · · · · · · ·
Student's Expected Family Contribut	ion (from FAFSA) \$		Year
Financial Aid Expected for the Ter			
	Check if Estimated	Amount	Would Award Transfer for study abroad?
Grants:			
Federal Pell Grant	_		Yes No
Federal SEOG Grant	_		Yes No
State Grant	_		Yes No
College Merit Awards	_		Yes No
College Need-Based Grants	_		Yes No
Other (please list)			V N
	_		Yes No
	_		Yes No
Total Country			
Total Grants:			
Loans:			
Federal Subsidized Stafford Loan			Yes No
Federal Unsubsidized Stafford Loan	_		Yes No
Federal Perkins Loan	_		Yes No
Institutional Student Loan	_		Yes No
Federal PLUS Loan	_		YesNo
Other (please list)	_		163 110
Other (please list)			YesNo
	_		Yes No
	_		163 110
Total Loans:			
Total Aid:			

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^{*}Institutional and federal work study grants may be ignored for this request.