

Scholarship Application

The Autonomous University of Social Movements offers a scholarship program which is in addition to any scholarship or grant funds you may receive from your institution. To apply for a scholarship, please complete the scholarship form and submit it with your application. Scholarships are awarded on the basis of need, with preference given to applicants with proven grass-roots organizing experience. There are also a limited amount of special scholarships specifically for first or second generation Latin@ immigrants. Scholarship recipients will be notified soon after the enrollment deadlines for each semester.

Scholarship Program

A limited number of regular scholarships are available from the Autonomous University of Social Movements for the Study Abroad program. These scholarships range from \$100 to \$2,000

Scholarship Application Process

Please submit the following items:

- 1) Scholarship application (must be submitted at the same time as the study abroad application)
- 2) Financial Need Assessment Form
- 3) Ask your University Financial Aid administrator to complete Institutional form
- 4) Completed study abroad application

Scholarship Application Deadlines

Complete scholarship applications must be received by the deadlines listed below. Incomplete scholarship applications or late applications will not be considered.

Scholarship application deadlines: Fall (Apr 15) – Spring (Sept 15) – Summer (Mar 15)

Student Name: _____

Date of birth: _____

Program dates: _____

Additional Financial Information

If, after completing this application and submitting the Financial Aid Administrator form, you feel there is more we should know about you in order to have a fuller understanding of your financial situation and why you are applying for financial assistance, please explain further below.

Financial Need Assessment Form

Name: _____ Date: _____

Does your parent or guardian contribute toward your educational expenses? _____

If yes, please provide a copy of your FAFSA that includes your parents' combined annual income (if applicable), or write your parents' combined annual income here: _____

If yes, how much per semester? _____

If yes, will they contribute to your study abroad expenses? ____ yes ____ no

If yes, how much will they contribute? _____

Please provide contact information for your parent or guardian: _____

Name of parent or guardian: _____

Telephone: _____ Email: _____

If you are currently enrolled in a college or university, will you receive financial aid from your university to participate in the MSN Study Abroad program? ____ Yes ____ No

If yes, how much and from what aid programs? _____

Are you currently employed? _____

If yes, what is your weekly income? _____

How did you pay for your college education up to this point _____

What years did you attend college? _____

How much are you requesting for your scholarship? _____

How large a scholarship do you need in order to participate in the program? _____

If you do not receive a scholarship, will you be able to participate in the program? ____ yes ____ no
I certify that the information provided in this application is true to the best of my knowledge ____ (Initials)

To be completed by Financial Aid Administrator

(only for applicants currently enrolled in a college or university)

Student Name: _____

Study Period:

TO BE COMPLETED BY FINANCIAL AID ADMINISTRATOR ___ Spring___ Fall___ Summer

The student named above is applying for financial support toward the cost of a study abroad program through the Autonomous University of Social Movements. Your help is requested with this application. Please use estimated data if actual data are not available. We suggest you use your home institution's cost of attendance in estimating the requested figures. Actual program costs for the period of study can be obtained by contacting us at 773-583-7728; or e-mailing us at studyabroad@ausm.community

Name _____ Title _____
 Phone (_____) _____ E-mail Address _____

Administrator's Signature _____ Date _____

Institution's Current Annual Cost of Attendance for a Resident Student \$ _____

Institution's Cost of Attendance for the Term Indicated (see above) \$ _____

Student's Expected Family Contribution (from FAFSA) \$ _____ Year _____

Financial Aid Expected for the Term Indicated Above

Check YES 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)	_____	___ Yes ___ No

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	_____	___ Yes ___ No
Other (please list)	_____	___ Yes ___ No