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## **Scholarship Application**

The Autonomous University of Social Movements offers a scholarship program, 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 grassroots organizing experience. There are also a limited amount of special scholarships specifically for first or second generation Latinx 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 \$3,000.

#### **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) Institutional form (to be completed by a University Financial Aid administrator)
- 4) Completed study abroad application

#### **Scholarship Application Deadlines**

Complete scholarship applications must be received by the program's application deadline. Incomplete scholarship applications or late applications will not be considered.

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**

Does your parent or guardian contribute towar	d your educational expenses?	Yes	No
If yes, please provide a copy of your FA	AFSA that includes your parents' con	nbined a	nnual
income (if applicable), or enter your parents' co	ombined 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 pa	rent or guardian:		
Name of parent or guardian:			
Telephone:	Email:		
If you are currently enrolled in a college or univ	versity, will you receive financial aid t	from you	ır
university to participate in the AUSM Study Abo	road program?	Yes	No
If yes, how much and from what aid pro	ograms?		
Are you currently employed?			
If yes, what is your weekly income?			
How did you pay for your college education up	to this point?		
NA/bet veere did vev ettend cellere?			
What years did you attend college?			
How much are you requesting for your scholar	ship?		
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 knowledge:	s application is true to the best of	my	
Signed:	Date:		

# To be completed by Financial Aid Administrator

Student Name:	Semester Abr	oad: Spring	Summer	Fall
To be completed by Financial Aid	d Administrator			
The student named above is applying through the Autonomous University Please use estimated data if actual cost of attendance in estimating the can be obtained at ausm.community	of Social Movements. Your he I data are not available. We su e requested figures. Program o	elp is requested wi	ith this application	cation. itution's
Name	Title			
Phone				
Signature	Date			
nstitution's Current Annual Cost of				
nstitution's Cost of Attendance for Student's Expected Family Contrib				
Financial Aid Expected for the Te		Abroad		
<i>Grant</i> s Federal Pell Grant		Yes	No	
			No	
State Grant		Yes	No	
•		Yes	No	
College Need-Based Grants  Other (please list)		Yes	No	
Loans				
			No	
			No	
			No	
Endard DLUC Loop			No No	
Federal PLUS Loan  Other (please list)		Yes	No	