

Study Abroad Request

Submit this form if you are planning to study abroad during the fall and/or spring semester and would like to request that your scholarship funds be used for study abroad.

DEADLINES FOR STUDY ABROAD REQUESTS

Fall or Entire Year: **Renewal deadline (June)**
Spring: **November 15**

STUDENT INFORMATION:

Name
First Middle Last Suffix

Address
City State Zip Email Phone Number

College You Attend

Student ID Number

INSTRUCTIONS:

YOU MAY BE ELIGIBLE TO CONTINUE RECEIVING SCHOLARSHIP FUNDS FOR A STUDY ABROAD PROGRAM IF:

- It is permitted under the terms of your specific scholarship;
- You will be **earning academic credits directly from your college or that are transferable** to your college and degree program;
- The program is **approved by your college**;
- You are in **good standing** and are not on academic probation at the end of the semester immediately prior to going abroad;
- Your **other financial aid will be applied to the study abroad program**; and
- **Tuition and fees are paid directly to your college** or another eligible nonprofit U.S. institution.

RETURN THIS FORM AND SUPPORTING DOCUMENTS TO: Hampton Roads Community Foundation, 101 W. Main Street, Suite 4500, Norfolk, VA 23510 or email to scholarships@hamptonroadscf.org.

PROGRAM INFORMATION:

Indicate the semester(s) you plan to study abroad Fall (enter year) Spring (enter year)

Program Type School-based/faculty-led Exchange program Partner/affiliated program Outside program

Name of Program

Location of Program (Country)

Anticipated Credit Hours Status at Home College During Program Enrolled Leave of absence

Payment Arrangement Tuition and fees will be paid directly to my home college.
 Tuition and fees to another U.S. college or nonprofit entity. Enter name and address below.

 Tuition and fees will be billed by an international or for-profit entity. Please defer my scholarship.

Estimated Program Cost

List names and amounts of other scholarships and financial aid to be used for the program

ATTACH DOCUMENTATION OF YOUR APPROVAL FOR THE STUDY ABROAD PROGRAM AND INTENDED COURSE ENROLLMENT/TRANSFER CREDIT PLAN.

SIGNATURE _____ DATE

FOR OFFICE USE ONLY

Approved Denied

Reason for Denial