

Study Abroad Scholarship Application Instructions

Study Abroad Scholarships awarded by the Center for International Studies are based on merit. Generally, scholarships range from \$500 to \$1,250 per semester and \$250 - \$500 per summer/short term, but award amounts depend on the number of applicants and amount of donations received by the Center for that year. Priority is given to students who participate in UM-St. Louis sponsored programs.

DEADLINES

The scholarship application deadline is the same date as the study abroad application deadline. See the Study Abroad website at www.umsl.edu/studyabroad for specific dates.

All study abroad application materials must be submitted by the deadline in order to be eligible for scholarships. All materials must be returned to:

Study Abroad Office
University of Missouri-St. Louis
261 MSC, One University Blvd
St. Louis, MO 63121
Phone: (314) 516-5229
FAX: (314) 516-5636.

ESSAY

Attach a one-page essay, keeping the following guidelines in mind:

- How have you prepared for study abroad and how will you benefit from this experience?
- Why do you need this scholarship and how will it affect your study abroad participation?

TRANSCRIPT AND REFERENCES

The Center for International Studies will review your transcript and letters of recommendation (if applicable) from your study abroad program application. You do not need to request additional letters or transcripts.

NON UM-ST. LOUIS SPONSORED PROGRAMS

Students applying for funding for non UM-St. Louis sponsored programs must:

- Have the program **pre-approved** by the Study Abroad Office
- Submit an **acceptance letter** from the program for which you are applying. If an acceptance letter is not available at the time of scholarship application, the letter must be submitted as soon as it is received. Scholarships will not be disbursed without an acceptance letter from the program sponsor.

Study Abroad Scholarship Application Form

Name: (first) (m.i.) (last)	
UM-St. Louis Student #	Cumulative UM-St. Louis GPA:
Email Address:	
Permanent Address:	Telephone:
Current Address if different from above:	Telephone:

Name and location of study abroad program:	
Program Duration: (check one)	<input type="checkbox"/> Academic Year 20__ - 20__ <input type="checkbox"/> Fall Semester 20__ <input type="checkbox"/> Winter Intersession 20__ <input type="checkbox"/> Spring Semester 20__ <input type="checkbox"/> Summer 20__

Please indicate your plans for financing your participation in a study abroad program. (check all that apply)	
_____ Personal Savings	_____ Parents/Family
_____ Scholarship (s) _____	_____ Federal/State Grant
_____ Other _____	_____ Student Loan

FOR OFFICE USE ONLY:	
Amount of Award _____	Scholarship _____