



Student Scholarship Financial Footprint

Student Name _____ Home College or University _____

IFSA-Butler Program _____ Term (Fall) (Spring) (Year) (Summer) 20_____

Student Financial Footprint

I have or will file a FAFSA this year. YES NO

I will receive funds from the following categories:

Transferable (parent) Employee Benefit/Tuition Remission	\$ _____
Transferable University Discount/Scholarship	\$ _____
Transferable College Savings Plan (529 plans)	\$ _____
V.A. benefits	\$ _____

I can pay from savings/out of pocket \$ _____ toward my study abroad program fees.

My family has agreed to pay \$ _____ toward my study abroad program fees.

Others have agreed to pay \$ _____ toward my study abroad program fees.

Student Certification

I certify that the information in this application is true to the best of my knowledge. I also grant permission to my home college/university financial aid officer to share financial aid, loan or grant information with IFSA-Butler for the purpose of this advance application, including the financial aid/loan profile information below.

Student Signature _____ **Date** _____

To be completed by the home institution financial aid office:

Financial aid/ loan profile (IFSA-Butler cannot process aid; your home institution must transfer aid):

Type/Source	Est. Amount	Est. Disbursement		Est. Amount	Est. Disbursement
Pell * _____	_____	___/___/___	Sub Stafford Loan	_____	___/___/___
SEOG _____	_____	___/___/___	UnSub Stafford	_____	___/___/___
Other Scholarship _____	_____	___/___/___	Perkins Loan	_____	___/___/___
Other Scholarship _____	_____	___/___/___	Parent PLUS	_____	___/___/___
Other Scholarship _____	_____	___/___/___	Other Loan	_____	___/___/___
Other Scholarship _____	_____	___/___/___	Other Loan	_____	___/___/___
Aid to be applied to home university invoice or fees (unavailable to study abroad program)				\$ _____	

* Pell recipients may qualify for Gilman Scholarship: <http://www.iie.org/en/Programs/Gilman-Scholarship-Program>

Financial Aid Officer Printed Name _____

Financial Aid Officer Signature _____

Telephone _____ Email _____