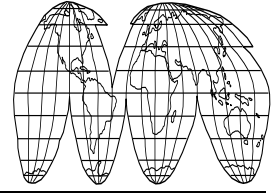


Longwood University
STUDY ABROAD SCHOLARSHIP
APPLICATION



Program Information:

Study-abroad program name & location _____

Dates of program: _____

Student Information:

Name _____ L# _____

Longwood Address _____

Phone # _____ Permanent Phone# _____

Major _____ Minor _____ Overall GPA _____

Permanent Address _____

E-mail Address _____ Date of graduation _____

Do you currently receive financial aid from Longwood? YES ___ NO ___

Do you plan to receive your degree from Longwood? YES ___ NO ___

Have you received a previous study-abroad scholarship from Longwood? YES ___ NO ___

If yes, for what program? _____ Date _____

Have you applied for or received financial aid from any other source(s) for this program?

YES NO If yes, please specify: _____

If you accept this scholarship award and later withdraw from the study program, you are required to return the award in full immediately upon withdrawal. Also should you not complete the program, fail to attend classes regularly, or fail to submit assigned work, you will be obligated to refund to the Office of International Affairs the entire amount of the scholarship immediately on returning home. Failure to comply will result in a hold being placed on your academic records.

The above information is current and accurate to the best of my knowledge.

Date

Student's signature

Submit to Office of International Affairs, Ruffner 146, Longwood University
**Scholarships will be distributed after the International Affairs Office has received evidence of acceptance to your program.*