



MEXICAN SOCIAL MOVEMENTS • STUDY ABROAD PROGRAM

Mexico Solidarity Network and UAM-Xochimilco partnering for a better world

Scholarship Application

Email your scholarship application to msn@mexicosolidarity.org

Name:

Date of birth:

Program dates:

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 Aid, please explain further below.



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Financial Need Assessment Form

Name: Date:

Does your parent or guardian contribute toward your educational expenses?

If yes, please provide a copy of your FAFSA that includes your parents' combined annual income (if applicable), or write your parents' combined 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 parent or guardian:

Name of parent or guardian:

Telephone: Email:

Are you a recent Latin@ immigrant? If so, when did you migrate?

If you are currently enrolled in a college or university, will you receive financial aid from your university to participate in the MSN Study Abroad program?

If yes, how much and from what aid programs?

Are you currently employed?

If yes, what is your weekly income?

How did you pay for your college education up to this point?

What years did you attend college?

How much are you requesting for your scholarship?

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 application is true to the best of my knowledge

your initials

To be completed by Financial Aid Administrator

(only for applicants currently enrolled in a college or university)

STUDENT INFORMATION:

Name: _____

Study Period: ___ Spring ___ Fall ___ Summer

TO BE COMPLETED BY FINANCIAL AID ADMINISTRATOR

The student named above is applying for financial support toward the cost of a study abroad program through the Mexico Solidarity Network/Universidad Autónoma Metropolitana. Your help is requested with this application. Please use estimated data if actual data are not available. We suggest you use your home institution's cost of attendance in estimating the requested figures. Actual program costs for the period of study can be obtained by contacting us at 773-583-7728; or e-mailing us at MSN@MexicoSolidarity.org

Name _____

Title _____

Phone (_____) _____

E-mail Address _____

Administrator's Signature

Date

Institution's Current Annual Cost of Attendance for a Resident Student \$ _____

Institution's Cost of Attendance for the Term Indicated (see above) \$ _____

Student's Expected Family Contribution (from FAFSA) \$ _____

Year _____

Financial Aid Expected for the Term Indicated Above

Check YES if Estimated Award Amount Would Transfer for Study Abroad?

Grants:

Federal Pell Grant _____ Yes No

Federal SEOG Grant _____ Yes No

State Grant _____ Yes No

College Merit Awards _____ Yes No

College Need-Based Grants _____ Yes No

Other (please list) _____
_____ Yes No

Loans:

Federal Subsidized Stafford Loan _____ Yes No

Federal Unsubsidized Stafford Loan _____ Yes No

Federal Perkins Loan _____ Yes No

Institutional Student Loan _____ Yes No

Federal PLUS Loan _____ Yes No

Other (please list) _____
_____ Yes No