

William C. & Annette L. Rock Fund for College of Arts and Sciences Study Abroad and College of Arts and Sciences Study Abroad Scholarship

Name: _____
 First MI Last

Student ID: _____ Freshman Sophomore Junior Senior

Expected Graduation: _____

Major(s): _____

Minor(s): _____

UB e-mail address: _____ Phone number: _____

Local Address: _____

Permanent Address: _____

Semester(s) you plan to spend in Study Abroad: _____

U.S. Sponsoring University: _____

Location of Study Abroad (city and country): _____

Status of your Study Abroad application: _____

Financial resources you plan to use or to which you have applied for funding (please check all that apply)

_____ Scholarship(s) (please list) _____

_____ TAP aid _____ Personal Savings _____ Parental Contributions

_____ Your employment income; place of employment: _____

_____ Other: _____

May we verify this information with the Financial Aid Office? Yes _____ No _____

List any academic honors or awards you have received; indicate if you are in the Honors College.

Previous Study Abroad, foreign travel, or living experience (please describe):

