USAO STUDY ABROAD SCHOLARSHIP APPLICATION

NAME: _____ DATE: _____

ADDRESS:_____

PHONE NUMBER:_____

EMAIL ADDRESS:_____

STUDENT ID NUMBER:_____

MAJOR(S):_____ADVISOR:_____

MINOR(S):_____

GPA: _____

RANKING: ____FRESHMAN _____SOPHOMORE _____JUNIOR ____SENIOR

DESTINATION:_____ DATE OF DEPARTURE:_____ HAVE PASSPORT: ____YES ____NO

WHY DO YOU WANT TO STUDY
ABROAD:_____
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BY SIGNING BELOW, YOU ACCEPT THE TERMS OF THE SCHOLARSHIP AND YOU CONFIRM THAT YOU UNDERSTAND THE RESPONSIBILITIES AND EXPECTATIONS OF ALL USAO STUDENTS ENROLLED IN THE STUDY ABROAD PROGRAM. FURTHER, YOU AGREE TO FULLY PARTICIPATE IN THE EXPERIENCE AND TO REPRESENT THE UNIVERSITY TO THE BEST OF YOUR ABILITY.

SIGNATURE DATE

Date received:_____