Section I—Student Authorization
Please complete this section and give the form to the Financial Aid Office at your current (home) institution.

My signature below indicates that I am applying for a scholarship or grant from SIT Study Abroad and I authorize the release of this information by my home institution to complete my application.

Term (check one): ☐ SUMMER ☐ FALL ☐ SPRING

SIT Study Abroad Program ______________________________________ Program Cost (approx.) $ _____________

Student’s Full Name—Please Print _____________________________________________________________

Student’s Signature ____________________________________________________________ Date ______________

Section II – Financial Aid Office at Home Institution
Please indicate below the types and amounts of financial aid that will be available to this student from their home institution for the SIT Study Abroad program listed above. Return the completed form to the SIT Financial Aid Office.

Does this student file a FAFSA? ☐ Yes ☐ No

The information below is:
☐ Actual ☐ Estimated

Federal Pell Grant
Other Federal Grants
State Grants or Scholarships
Institutional Grants or Scholarships
Federal Direct Stafford Loans
Federal Perkins Loan
Institutional or Private Student Loan
Federal Direct Parent PLUS Loan

Other Aid (please specify) ________________________________________________________________

TOTAL AID

EFC for one term
(Expected Family Contribution)

Total Resources (Total Aid + EFC)

PLEASE NOTE: SIT is the visiting school for all financial aid consortia and only awards SIT scholarships and grants. All other financial aid is awarded by the student’s home institution for the program term. Consortia forms may be sent to the SIT Financial Aid Office for completion.

Home Institution ____________________________________________________________

Name and Title of Financial Aid Staff—Please Print ___________________________________________

Signature ___________________________ Date __________________________

Phone Number ______________________ Email __________________________

Please Return Completed Form to SIT Financial Aid Office
Fax: 802 258-3296 • Email: studyabroad.scholarships@sit.edu • Mail: PO Box 676, Brattleboro, Vermont 05302-0676