FAIRLEIGH DICKINSON UNIVERSITY
OFFICE OF STUDY ABROAD
J. MICHAEL ADAMS INTERNATIONAL TRAVEL GRANT APPLICATION

PERSONAL INFORMATION (TO BE COMPLETED BY APPLICANT)

NAME: ___________________ FDU ID# ___________________
ADDRESS: ___________________
            Street           Apt. No.           City           State           Zip
PHONE: ___________________ EMAIL: ___________________
FDU CAMPUS: ___________________ ACADEMIC MAJOR: ___________________

TRIP/PROGRAM INFORMATION (TO BE COMPLETED BY APPLICANT)

ACADEMIC TERM FOR WHICH GRANT IS REQUESTED: ___________________
TRIP OR PROGRAM FOR WHICH GRANT IS REQUESTED: ___________________
HAVE YOU STUDIED ABROAD WITH FDU BEFORE? ________________
HAVE YOU RECEIVED A TRAVEL GRANT FROM FDU BEFORE? ________________

ELIGIBILITY INFORMATION (TO BE COMPLETED BY ENROLLMENT SERVICES)

TOTAL EARNED CREDITS: ___________________
GRADE POINT AVERAGE: ___________________
PELL GRANT ELIGIBLE: ___________________
     YES/NO
Enrollment Services Signature ________________ Date: ________________

STATEMENT OF INTENT (TO BE COMPLETED BY APPLICANT)

On a separate sheet of paper write a concise statement of your proposed program of study abroad and how it will be related to your academic and professional goals.

Student Signature: ___________________ Date: ________________

TRAVEL GRANTS OF BETWEEN $250 TO $1000 ARE AWARDED AND APPLIED TO YOUR STUDENT ACCOUNT. PLEASE BE ADVISED THAT SUBMISSION OF THIS APPLICATION DOES NOT GUARANTEE AN AWARD OF A TRAVEL GRANT.

PLEASE RETURN THIS APPLICATION TO THE OFFICE OF STUDY ABROAD