KAHLER SCHOLARSHIP APPLICATION

The Kahler Scholarship is a need-based scholarship reserved for semester study abroad programs only.

| PERSONAL INFORMATION | | | | | |
|--|-----------|--------------------------|-------------------|--------------------------|---------------|
| Full Name | | | | | |
| Student ID | SU Box | | | | |
| SU Email | | _@southwestern.edu | Phone | | |
| Permanent Address | | | | | |
| Street | | City | | State | ZIP |
| Mailing Address (if different tha | n SU Box) | | | | |
| Street | | City | | State | ZIP |
| ACADEMIC INFORMATION | | | | | |
| Current Classification | | | | | |
| Anticipated Date of Graduation | (mm/yy) | G.P.A | | | |
| Major(s) | | | | | |
| Minor(s) | | | | | |
| PROGRAM INFORMATION | | | | | |
| Program Provider & Program Tit | :le | | | | |
| Program City & Country | | | | | |
| Dates Abroad: From | | To | | | |
| PREVIOUS TRAVEL ABROAD | | | | | |
| Please list below all previous tra family vacation, high school exc | • | riences abroad indicatir | ng dates of trave | el, length, location, an | d purpose (i. |
| | | | | | |
| | | | | | |
| | | | | | |

PROGRAM BUDGET

Please provide the following information regarding the estimated costs for your proposed study abroad program. If a line item is included in the general program fee (i.e. housing, meals, airfare), please leave that line item blank. Review your provider's program website to arrive at as accurate an estimate of total costs as possible.

| ITEM | COST/MONTH (if applicable) | COST/SEMESTER (if applicable) | TOTAL COST |
|--------------------------------|-------------------------------|----------------------------------|------------|
| Program Fee | | | |
| Housing | | | |
| Meals | | | |
| Insurance | | | |
| Airfare | | | |
| Textbooks | | | |
| Local Transportation | | | |
| Personal Expenses | | | |
| Miscellaneous (please specify) | | | |
| TOTAL | | | |

AUTHORIZATION FOR RELEASE OF INFORMATION

| I hereby authorize the Financial Aid Office a | at Southwestern University to provide the necessary information on my financial |
|---|---|
| need to the Kahler Scholarship Committee. | I also authorize the Registrar at Southwestern University to release a copy of my |
| transcript to the Kahler Scholarship Committ | ee. |

| Signature D | Date |
|-------------|------|
|-------------|------|

SUBMISSION OF APPLICATION

Application must be submitted by **5:00pm** on **October 15**th (for Spring programs) or **March 15**th (for Fall programs) to:

Office of Intercultural Learning Prothro Center – Room 232 or 236 e: studyabroad@southwestern.edu