



Missouri Western State University  
 4525 Downs Drive, St. Joseph, MO 64507  
[www.missouriwestern.edu](http://www.missouriwestern.edu)

Study Away Office  
 (816) 271-4194  
 Fax: (816) 271-5922

[studyaway@missouriwestern.edu](mailto:studyaway@missouriwestern.edu)  
<https://www.missouriwestern.edu/studyabroad>

## STUDY AWAY SCHOLARSHIP APPLICATION

Please submit completed form (with EFC and signature of Financial Aid representative) along with a personal statement of 500 words or less in which you include the following:

- career goals,
- a comparison of the study away program to your area of study,
- when you expect to complete your degree,
- and why you should receive a scholarship from the Study Away Office.

### APPLICANT INFORMATION

Name:		
G#	DOB: ____/____/____	Marital Status:
Permanent Address:		
City:	State:	Zip Code:
Permanent Phone:		Cell Phone:
MWSU E-mail:		Other E-mail:

### ACADEMIC INFORMATION

Student Status: <i>(Please check one)</i>			
Freshman ____	Sophomore ____	Junior ____	Senior ____
Name of Study Away Program:			
Program Begin Date: ____/____/____		Program End Date: ____/____/____	
Is this program sponsored by the MWSU Study Away Office? Yes ____ No ____			
Is this the first study away experience that you have participated in? Yes ____ No ____			
If no, please list the names of previous programs:			
GPA:		MWSU Hours:	Total Hours Completed:
Declared Major:		Total Hours Completed Toward Major:	

### ESTIMATED EXPENSES

Tuition and Fees	\$
Administrative Fees	\$
Room (Housing)	\$
Board (Meals)	\$
Books and Supplies	\$
Transportation	\$
Personal Expenses	\$
Other	\$
<b>Total</b>	<b>\$</b>

**IF THE FAFSA IS NOT A TRUE REFLECTION OF YOUR CURRENT FINANCIAL NEED AND/OR SITUATION PLEASE EXPLAIN:**

### FINANCIAL AID INFORMATION

EFC:		Financial Aid Representative's Signature:	
Currently Employed: Yes _____ No _____		Place of Employment:	
Position:		How long have you worked there?	
Have you received other scholarships to help pay the expenses of this Study Away program? Yes _____ No _____			
List of scholarships you currently hold and amounts:			
What was your income last year?			
What was your spouse's income last year?			
Dependents: Yes _____ No _____		If yes, how many:	Ages:

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

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### STUDY AWAY OFFICE:

I approve this student's plan to participate in a program of study outside the United States of America. The student will be enrolled in \_\_\_\_\_ credit hours, all of which will apply toward completion of MWSU's degree requirements. I believe this program of study represents a valuable and/or complementary academic opportunity for this student.

\_\_\_\_\_  
**Coordinator or Study Away**

\_\_\_\_\_  
**Date**