Northwood University
Study Abroad Scholarship Policy

1. All study abroad scholarship requests must be made in writing to Linda Dick, via e-mail to: dickl@northwood.edu or using the attached form, sent to:
   Study Abroad Scholarship Committee
   c/o Linda Dick
   Northwood University
   4000 Whiting Drive
   Midland, MI 48640

   The request should include: student’s full name, student ID and the name of the specific program to which the student is applying, and a brief (no more than 1 page) statement of financial need (any information that would demonstrate need).

2. Students must have a complete program application on file (including the faculty reference form and course substitution form) in order to be considered for a scholarship. Students who do not have a complete application on file will be notified that their request is pending until the application is complete.

3. Scholarship applications must be received by the published application deadline for the specific program. Scholarship requests for specific programs will be reviewed by the study abroad scholarship committee immediately following the published application deadline for that program. The committee’s decision will be communicated to Ms. Maxwell, who will then communicate to the applicant.

4. Scholarship requests are based solely on financial need. There is no fixed amount per scholarship award. Any scholarship awards are intended to assist students with the cost of study abroad, but will not cover the entire cost of any program.

5. Scholarship funds, if awarded, are credited to the student’s university account. Scholarship funds cannot be used as cash or to support cash expenses for a study abroad program.
Study Abroad Scholarship Application

Student’s full name: ___________________________________________________

Student ID: _________________________      Campus: _____FL _____MI _____TX

Name of study abroad program:                                                                

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Please provide any information that would help demonstrate your financial need for this program:

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EFC: ________________  Application________  Ref Form ____________  Course sub ___________

Approved:  Y   N  Amount awarded: __________________________________________________________

Date: __________________________