

**Application Form**  
**IDP Study Abroad Scholarship**

Date: \_\_\_/\_\_\_/\_\_\_

Name: \_\_\_\_\_

UB Person Number \_\_\_\_\_

Email address: \_\_\_\_\_

Major(s): \_\_\_\_\_

Minor(s): \_\_\_\_\_

Total credits completed on AAR: \_\_\_\_\_

GPA on AAR \_\_\_\_\_

Expected Date of Graduation: \_\_\_\_\_

Local Address:

\_\_\_\_\_  
\_\_\_\_\_

Permanent Address:

\_\_\_\_\_  
\_\_\_\_\_

Local Phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Semester(s) you plan to spend abroad:

\_\_\_\_\_

UB or sponsoring SUNY Study Abroad Program:

\_\_\_\_\_

University, City and Country of Study Abroad:

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Current status of Study Abroad application:

Submitted, but Pending \_\_\_\_\_

Approved \_\_\_\_\_

Have you applied for other Study Abroad Scholarships? If so, which ones:

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List any academic awards or honors you have received:

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Previous Study Abroad – University, Country and Dates

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