The School of Management’s
Joseph T.J. Stewart Global Citizenship Program
Study Abroad Scholarship Application

Name:_________________________________  Person Number:_________________________
Current Standing (ex: SOPH, JR, SR)_________  Expected Graduation Date:_______________
Major (Business or Accounting):__________  Concentration:___________________________
UB GPA:_______________________________  Overall GPA:__________________________
MG GPA:_______________________________  SOM Pre-Requisite GPA:________________
(For students with any 300 or 400 level MG courses completed)  (For students who will have Junior Standing while studying abroad with no 300 or 400 level MG courses completed)

STUDY ABROAD INFORMATION

Have you already applied for and been accepted into a UB or SUNY study abroad program?
___YES   ___NO
Program Name:__________________________  City/Country:____________________________
Term of Study Abroad:__________________  Sponsoring SUNY Campus:_______________

Please indicate your leadership experience and or any community involvement that you may have in
the space provided below (you may attach an additional page if necessary):
FINANCIAL INFORMATION:

Please indicate any other scholarships which you have applied for and/or received for your study abroad program:

Scholarship Name:______________________________ Amount:________________________

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Please indicate how you plan to finance your study abroad program by providing estimates available to you from the following additional sources:

Financial Aid:________ Loans:____________  Parent/Guardian assistance:__________

Savings:____________ Other resources (please describe):____________________________

How likely is your study abroad without this scholarship?

_____Impossible  _____Unlikely  _____Likely   _____Definite

For other SUNY programs, what is the total program cost (not including personal travel)?___________
Please attach cost information from the other SUNY campus (e.g., brochure, web site printout, etc...)

APPLICANT CERTIFICATION:

I certify that the information given in this application is correct. If I am the recipient of this scholarship, I hereby pledge to follow the academic plan, as submitted with my application.

Applicant Signature:__________________________________________  Date:_______________

ACADEMIC ADVISOR CERTIFICATION:

THIS FORM MUST BE SIGNED BY BOTH A SCHOOL OF MANAGEMENT UNDERGRADUATE ACADEMIC ADVISOR AND THE STUDENT APPLICANT

I have reviewed the information contained in the above named student’s application and have verified that the graduation plan submitted is accurate and that this study abroad opportunity will not delay graduation.

Name of Academic Advisor:__________________________________________  Title:____________

Advisor Signature:__________________________________________________  Date:_______________