

**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: _____

(For students with any 300 or 400 level MG courses completed)

SOM Pre-Requisite GPA: _____

(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)*:

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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: _____