

Option B (English)

Spanish Language Programs

1) All Spanish Language Programs are available at the Universidad de Belgrano.

2) Please select desired term:

January Term (4 weeks) December 30

February Term (4 weeks) January 27

May Term (4 weeks) May 19

June Term (4 weeks) June 16

July Term (4 weeks) July 21

Summer Session I (8 weeks) May 19

II (9 weeks) June 16

III (13 weeks) May 19

Winter Quarter (8 weeks) December 30

Spring Quarter (8 weeks) March 3

Semester 1 (13 weeks) January 27

Semester 2 (14 weeks) August 25

ACADEMIC INFORMATION

My college/university is a: ___ Public Institution ___ Private Institution

If a U.S. public school, is the tuition you currently pay considered: ___ In State ___ Out of State

Current tuition amount per term \$ _____ How many regular terms per year? _____

Will your current university process any of your aid for study abroad? ___ Yes ___ No

Fields of Study _____ Major GPA _____ Cumulative GPA _____

(Or other appropriate measure of grades received)

If applicable, please list the amount(s) you were awarded for the semester/quarter you most recently completed at your college/university:

Loan Name(s) and Amount(s)

Scholarship(s)/Grant(s) and
Amount(s) _____

Other Source(s) and Amount(s)

Expected graduation date: _____ / _____ (mm/yyyy)

Total resources anticipated for term(s) abroad:

Loan Amount \$ _____
Scholarship/Grant Amount \$ _____
Family Contribution \$ _____
Personal Contribution \$ _____
Unmet Financial Need \$ _____

Financial Aid Advisor Name Email Telephone _____

Financial Aid Advisor Contact Address _____

FINANCIAL INFORMATION

Marital Status: Single Married Separated

Have you ever been convicted of a crime? No Yes, please explain:

What is the highest school your father completed?
 Middle School Secondary School College/University Graduate School

What is the highest school your mother completed?
 Middle School Secondary School College/University Graduate School

Are one or both of your parents deceased? Yes No

Please fill out just one of the following sections.

IF FINANCIALLY INDEPENDENT:

How much did you (and your spouse) earn from working last year? \$ _____

How many people are in your household? 1 2 3 4+

Do you have any children who receive more than half of their financial support from you?

No Yes, how many? 1 2 3 4+

IF FINANCIALLY DEPENDENT:

What is your guardians' total current balance in cash, savings & checking accounts? \$ _____

How many dependents are listed in your parents/guardians' household? 1 2 3 4+

How many of them are currently college/university students? 1 2 3 4+

If you are an applicant from the U.S., what was your family's Expected Family Contribution (EFC) last year, as determined by the FASFA? \$ _____

If you are an applicant from outside the U.S., what was your family's gross income last year (wages earned by both parents)? \$ _____

Please describe any special financial circumstances. This may include changes in financial status, additional family expenses, loss of job, family illness or death, or loss of aid or scholarship. You may attach additional pages if necessary.

ADDITIONAL DOCUMENTS TO INCLUDE WITH APPLICATION

- University Study Abroad Program Application
- 1-page essay stating the reasons that make you the best candidate for the scholarship (maximum 400-words, approx. 1 page, double-spaced)
- Letter of recommendation from undergraduate institution professor
- Current financial aid supporting documents
 - Tuition & fees invoice from your most recent university term
 - All financial aid & scholarship award letters from your most recent term
 - If from the U.S., your most recent Student Aid Report (SAR)

APPLICATION SUBMISSION

By signing this application form I agree to the Terms and Conditions of Expanish (outlined online at <http://www.expanishstudyabroad.com/Terms-Conditions.html>) and declare the above information to be true. I understand my scholarship application will be evaluated after I have been granted admission into the program, which will not be final until all application materials have been received and I meet all eligibility criteria. I understand that this scholarship cannot be used towards any preliminary program deposits. In the event that I am awarded an Expanish scholarship, I understand that my registration and scholarship confirmation will not be final until after the appropriate deposit has been paid.

Student Printed Name

Student Signature Date (dd/mm/yyyy)

Please mail this form with the appropriate additional documents to:

Expanish

Re: University Programs
14525 SW Millikan Way #21429
Beaverton, OR 97005-2343 USA

Or the application form can be faxed to **+1 415 236 6044** and a member of the Expanish University Staff will follow up with you upon receipt.

Please contact the Expanish University Staff (university@expanish.com) with any questions or comments about this application form or Expanish university programs.
Expanish | Viamonte 927, 1A y B | Buenos Aires / Argentina | Zip Code: C1053ABS