



## Application for Off-Campus Study Grant

Geneva College offers a limited number of grants to participants of Geneva-endorsed Off-Campus study programs, to help cover costs beyond what a student is eligible to receive under the current off-campus financial aid system. Completed Grant applications must be submitted to Crossroads no later than **October 15** for the spring semester and **March 15** for the fall semester. Awards are determined by a student's academic standing, cost of the off-campus program, financial need, and merit of the personal statement.

**NAME:** \_\_\_\_\_ **GENEVA ID#:** \_\_\_\_\_

**Box #:** \_\_\_\_\_ **EMAIL ADDRESS:** \_\_\_\_\_

**OFF-CAMPUS STUDY PROGRAM:** \_\_\_\_\_ **INTENDED SEMESTER OF PARTICIPATION:** \_\_\_\_\_

<b>TOTAL COST OF PROGRAM</b>	<b>\$</b>	<b>TOTAL AMOUNT FED/STATE FINANCIAL AID</b>	<b>\$</b>
<b>OTHER ESTIMATED COSTS</b>	<b>\$</b>	<b>TOTAL AMOUNT GENEVA AID</b>	<b>\$</b>
<b>TOTAL ESTIMATED COSTS</b>	<b>\$</b>	<b>TOTAL AID</b>	<b>\$</b>

**SIGNATURE OF STUDENT'S ACADEMIC ADVISOR:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SIGNATURE OF ACADEMIC DEAN:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Please attach personal statement describing the following:**

- ♦ What features of this program are of importance to you?
- ♦ Explain your need for extra monetary assistance to participate in this program.
- ♦ How does the program relate to your academic, professional, or personal goals?
- ♦ What strengths would you bring to this off-campus program?
- ♦ How will you incorporate your off-campus experience into your life(future courses, campus activities, career, graduate school, etc.)?

For Office Use Only: Additional aid amount recommended: \$\_\_\_\_\_. Date:\_\_\_\_\_

Requested by: Director, Crossroads\_\_\_\_\_ Approval: Director of Financial Aid\_\_\_\_\_