

University of Central Missouri
 Student Financial Services
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 Warrensburg, MO 64093-5178

Phone 660-543-8266
 FAX 660-543-8080
 Webpage: www.ucmo.edu/sfs

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Request to Receive Financial Aid for Faculty-Led Tour - Domestic

20 /20

UCM use only

STDAB

To: &HQWHU IRU *OREDO (GXFDWLRQ

From: _____ 700 _____
 Student's Name (please print) UCM ID Number

Please accept this request for additional financial aid to help pay the educational and living expenses I'll incur to participate in an **approved program of study within the United States**. I have filed/will file the Free Application for Federal Student Aid (FAFSA) for the 20 /20 school year: < H V 1 R

Please note: completion of this form is not a guarantee of increased financial assistance.

| | |
|----------------------------|--|
| Course Name and Number | |
| Location: | |
| Program Title/Description: | |

Beginning date of program: _____ Ending date: _____

Enrollment term for tour: ____ Fall 20 ____ Spring 20 ____ *Summer 20

Is this program sponsored by the UCM &HQWHU IRU *OREDO Yes (GXFDWLRQ

7 K Following are the **total estimated expenses** I expect to incur to participate in this program:

Tuition and Fees..... \$ _____
 Application and other required Program Fees \$ _____
 Room (Housing)..... \$ _____
 Board (Meals)..... \$ _____
 Books and Supplies..... \$ _____
 Transportation..... \$ _____
 Personal Expenses..... \$ _____
 Other \$ _____

Total \$ _____

P l e a s e p r e s e

