

**FAIRLEIGH DICKINSON UNIVERSITY  
OFFICE OF STUDY ABROAD  
J. MICHAEL ADAMS INTERNATIONAL TRAVEL GRANT APPLICATION**

**PERSONAL INFORMATION (TO BE COMPLETED BY APPLICANT)**

NAME: \_\_\_\_\_ FDU ID# \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street Apt. No. City State Zip

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

FDU CAMPUS: \_\_\_\_\_ ACADEMIC MAJOR: \_\_\_\_\_

**TRIP/PROGRAM INFORMATION (TO BE COMPLETED BY APPLICANT)**

ACADEMIC TERM FOR WHICH GRANT IS REQUESTED: \_\_\_\_\_

TRIP OR PROGRAM FOR WHICH GRANT IS REQUESTED: \_\_\_\_\_

HAVE YOU STUDIED ABROAD WITH FDU BEFORE? \_\_\_\_\_

HAVE YOU RECEIVED A TRAVEL GRANT FROM FDU BEFORE? \_\_\_\_\_

**ELIGIBILITY INFORMATION (TO BE COMPLETED BY ENROLLMENT SERVICES)**

TOTAL EARNED CREDITS: \_\_\_\_\_

GRADE POINT AVERAGE: \_\_\_\_\_

PELL GRANT ELIGIBLE: \_\_\_\_\_

YES/NO

Enrollment Services Signature \_\_\_\_\_ Date: \_\_\_\_\_

**STATEMENT OF INTENT (TO BE COMPLETED BY APPLICANT)**

On a separate sheet of paper write a concise statement of your proposed program of study abroad and how it will be related to your academic and professional goals.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

TRAVEL GRANTS OF BETWEEN \$250 TO \$1000 ARE AWARDED AND APPLIED TO YOUR STUDENT ACCOUNT. PLEASE BE ADVISED THAT SUBMISSION OF THIS APPLICATION DOES NOT GUARANTEE AN AWARD OF A TRAVEL GRANT.

PLEASE RETURN THIS APPLICATION TO THE OFFICE OF STUDY ABROAD