

UNIVERSITY OF SOUTHERN MAINE  
OFFICE OF INTERNATIONAL PROGRAMS  
*Bringing The World To Mind*

**ITEMIZATION**

for payment of study away costs

Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Study Away Program: \_\_\_\_\_

**TOTAL STUDY AWAY ESTIMATE** \$ \_\_\_\_\_ \*  
(Final figure from Budget Estimate Sheet)

\* If you are planning to be away for a full academic year, please enter the full year cost on this line.

**SOURCES OF FUNDING**

(Example: Stafford Loan, Personal Savings, Parent Contribution)

<u>Funding Source</u> **	<u>Amount</u> **
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
6. _____	\$ _____

**TOTAL AMOUNT OF AVAILABLE FUNDING** \$ \_\_\_\_\_ \*

\*\* Financial aid recipients – over for ‘tips’

Below please note any special circumstances that you would like the scholarship committee to consider.