

REQUEST FOR INTERNATIONAL HEALTH ELECTIVE FINANCIAL AID

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

To determine your eligibility for federal financial aid while participating in a recognized University of Nebraska Medical Center International Health Elective Program the following items need to be completed.

1. Complete the federal needs analysis form to determine eligibility for federal financial aid programs.
2. Your academic department should approve the program you plan to attend or begin the approval process. Once you have been accepted to the program, complete and return this worksheet to the Financial Aid Office, Student Learning Center (zip 4265, phone 9-6409; fax 6796), prior to departure.

I will be attending \_\_\_\_\_  
from \_\_\_\_\_ to \_\_\_\_\_. I plan to enroll for \_\_\_\_ credit hours.

ANTICIPATED PROGRAM COSTS

TUITION & FEES	\$ _____
ROOM & BOARD	\$ _____
BOOKS & SUPPLIES	\$ _____
TRAVEL & EXPENSES	\$ _____
MISC. EXPENSES (Immunizations, passports, etc)	\$ _____
TOTAL COSTS	\$ _____

*I agree to have my aid package adjusted for \$ \_\_\_\_\_ (trip amount or less). I understand that I may have to complete additional loan application materials for this funding and further understand that the aid office will mail me these materials if necessary.*

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

Program Coordinator's Signature \_\_\_\_\_