

PERSHING STIPEND CULTURAL EXPERIENCE APPLICATION

Truman State University is pleased to offer Pershing Scholars the opportunity to participate in one study abroad program during their attendance at the University. This is an excellent chance to learn about life in another country while earning credit toward a degree.

Truman State University will cover up to \$4,000 toward the cost of the trip. The \$4,000 can include tuition, housing, meals, books, airfare and other travel expenses incurred in getting to the University. If the covered costs of the study abroad experience exceed the \$4,000 allocated and additional financial assistance is needed, please contact the Financial Aid Office for assistance.

To be eligible to participate in the Pershing Scholarship Cultural Experience, a student must meet the following criteria:

1. Be selected as a recipient of the Pershing Scholarship and currently enrolled at Truman
2. Be currently eligible for the Pershing Scholarship

In addition, the following information must be submitted:

3. Academic Advisor's confirmation by signature that the cultural trip will result in credits toward a degree at Truman
4. Semester for the trip
5. Must be enrolled at Truman State University on an approved Truman program for credit in order to receive the Pershing Stipend

PLEASE NOTE: Withdrawal from the study abroad program prior to completion of any credits may result in refunds due the University for payment(s) made on your behalf.

Please complete this form with the Academic Advisor's signature and submit it to the Center for International Education/Study Abroad Office in Baldwin Hall 106.

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STUDENT SECTION

Student Name: _____

Student ID #: _____

Student Address: _____

Student Truman email: _____

Student Phone Number: _____

Study Abroad Program: _____

Check the appropriate semester:

Fall _____ Spring _____ May Interim* _____ Summer _____

* The Pershing Stipend may be used on a case-by-case basis for May Interim faculty-led programs but cannot be used for a Winter Interim program.

Student Signature: _____ Date _____

ACADEMIC ADVISOR SECTION

The Academic Advisor is aware that this student has chosen to participate in the study abroad program and knows which courses have been selected.

Academic Advisor Signature: _____ Date _____

APPROVAL SECTION

The Study Abroad Office is aware that this student has chosen to participate in the study abroad program and approves the program.

Signature: _____ Date _____

Name _____ Title _____