

APC Form

Using the information provided on the budget page for the program you have selected, please complete all blanks in the form below. This form will not be reviewed if it is submitted incomplete.

Student Name: _____

UK Student ID Number: _____

Program Name: _____

EA Program Term/Year _____

Expenses Billed to UK Student Account	Costs	Date Item Charged
UK EA Application Fee	\$50	<i>End of the month application was created</i>
UK EA Administration Fee	\$100	<i>After registration for EAP 599</i>
UK Faculty-Directed Program Fee		<i>Start of the term in which program takes place</i>
EAP 599 Tuition (1 credit hour)		<i>After registration for EAP 599</i>
Total Billable Expenses		

Estimated Additional Expenses	Costs	Additional Instructions
International Airfare		<i>Purchase after program deposit date with faculty instruction</i>
Passport		<i>Apply as soon as you are accepted into the program</i>
Visa (if required)		<i>Visit Embassy or Consulate website for info</i>
Meals		<i>Check program budget page for suggested amount</i>
Other Program Specific Expenses (as listed on program budget page, if any)		<i>Check program budget page for suggested amount</i>
Total Estimated Expenses		

Overall Total Expenses (Billable + Estimated)	
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Acknowledgement of Program Costs

Initial Below

1. I understand the program costs listed above and when each cost will be charged. _____
2. I understand a deposit will be charged to my student billing account on _____ (**Deposit Date**). _____
3. I understand the remaining payments for the UK Faculty-Directed Program Fee will be charged to my student billing account on the date(s) specified on my program's budget page. _____
4. I understand that the estimated additional expenses listed on the budget page for my program are only *estimates* and that actual costs will depend on my individual needs. _____
5. I understand that if I withdraw my application on or after the **Deposit Date** listed above I will be fully responsible for anything that has been paid on my behalf as well as any additional penalties there may be. _____
6. I understand that if I decide not to participate I must email UK Education Abroad and ask them to withdraw my application. UK Education Abroad will confirm the total amount of money that I owe (if any). _____

Funding Sources

Do you plan to use Financial Aid to help cover the costs of your Education Abroad program? Yes No

If yes, please have your Financial Aid Counselor complete the information in the box on page 2.

If no, please leave information in the box on page 2 blank and skip to 'Overall Total Expenses' on page 2.

This box only to be used by UK Student Financial Aid office

Please only list remaining fall/spring aid available for the **EA Program Term/Year** noted at top of page one.

<u>Type of Assistance</u>	<u>Award Amount</u>	<u>Date of Disbursement</u>
Federal Pell Grant	_____	_____
Subsidized Loan	_____	_____
Unsubsidized Loan	_____	_____
Total	_____	

I have discussed the process of applying for PLUS and Alternative Loans with this student.

I have told the student about the process of completing the summer aid request form.

Financial Aid Counselor Signature

Date

Printed Name

Email / Telephone

1. Overall Total Expenses (copy Billable + Estimated total from page 1): _____
2. Total financial aid available (copy total from financial aid box above): _____
3. **Remaining Funding Needed:** (subtract line 2 from line 1 above): _____

If there is **Remaining Funding Needed** on line 3 above, please explain how you plan to pay for that amount in the box below (family contribution, loans, personal funds, etc.). Note that summer financial aid will not likely be known until April/May.

Additional Funding Sources

Amount

<u>Additional Funding Sources</u>	<u>Amount</u>
TOTAL (should match Remaining Funding Needed, listed above)	

If you listed parents, guardians or financial sponsors as a funding source above, have you discussed with them your plans to study abroad and how you will pay for your experience?

Yes

No

I confirm that the information provided in this form is accurate and by signing below, I acknowledge my understanding and sole responsibility for the costs associated with this program as well as the costs for withdrawing after the deposit date for the program.

Student Signature: _____

Date: _____