

## Gerald R. Kunde, II Study Abroad Scholarship

## **Application Form**

<u>General Information</u>			
Name		UFID	
Mailing Address:			
Street			
City			)
Phone	Email		
Major	College _		
Year	Expected Gradua	tion	
Program Information			
Name of Study Abroad Program			
Location(s)			
Faculty Director	Duration	of program	
Does the program have an experiential lear	ning component	Yes	No

If yes, please briefly explain below:

## **Other Information**

Signed		Date
I hereby affirm that I have read and understan Kunde II Scholarship. In addition, I affirm that a authorize verification of such information. I aff used only for expenses related to my study about may result in the cancellation or repayment of	all statements made on firm that any funds recei road experience. I under	this application are true and ved under this award will be stand that any false statements
Please use the space below to disclose any inforcircumstances	rmation regarding your f	nancial status or extenuating
The Gerald R. Kunde, II Study Abroad Scholarshi support to study abroad. Priority will be given to	•	•
Are you a 1 <sup>st</sup> generation college student	Yes	No
Have you travelled abroad before?	Yes	No