



International Honors Program (IHP) Grant Application

This form is to be completed in its entirety by the student. Please print legibly.
IHP grants are need-based.

Name: _____ Date: _____

Social Security #: ____-____-____ E-mail Address: _____

Program: _____

Semester/Year: Fall _____ Spring _____ Academic Year ____-____

Permanent Address:

Street _____ City _____ State _____ ZIP _____ Phone# _____

Local Address: Dates Valid ____/____/____ to ____/____/____

Street _____ City _____ State _____ ZIP _____ Phone# _____

Home Institution: _____

Cost of annual tuition per semester at home institution: \$ _____

Cost of annual room and board per semester at home institution: \$ _____

Total annual home institution costs: \$ _____

Please explain how you expect to pay for the IHP program:

List all forms of financial aid you will receive for the IHP program (loans, scholarships, grants, etc):

List all forms of financial aid you received last semester/year (loans, scholarships, grants, etc):

International Honors Program in affiliation with World Learning/SIT.

IHP Program & Grant Related Questions:

International Honors Program

566 Columbus Avenue

Boston, MA 02118

Email: info@ihp.edu

www.ihp.edu

Phone (617) 375-8101 ~ Fax (617) 236-0162

For billing and fee information see

Billing Information on IHP's website

www.ihp.edu



International Honors Program (IHP) Grant Information Form

To be completed by the student:

Printed Name of Student: _____

Social Security Number: _____ - _____ - _____ Home Institution I.D. #: _____

With my signature below, I authorize the Office of Financial Assistance of my home institution to release the information requested on this form to the International Honors Program/School for International Training.

Student Signature Date

THE FOLLOWING SECTION MUST BE COMPLETED BY A FINANCIAL AID ADMINISTRATOR AT THE STUDENT'S HOME INSTITUTION

The student is responsible for submitting this form to the appropriate person for completion.

How did this student finance his/her education last year? _____

Did the student receive financial aid during the past year? Year _____ YES NO
Loans: _____ \$ _____
Grants/Scholarships: _____ \$ _____
Other: _____ \$ _____

Is the student eligible to receive financial aid through the home institution for the International Honors Program, in affiliation with the School for International Training?
YES NO No application received to date
Loans: _____ \$ _____
Grants/Scholarships: _____ \$ _____
Other: _____ \$ _____

Annual education budget at your institution \$ _____
Expected Family Contribution for the current academic year \$ _____
Student's accumulated educational debt to date (exclude parental debt) \$ _____

If this student is awarded an International Honors Program grant, will it affect his or her financial aid from your institution? Please explain:

_____/_____/_____
Signature of Financial Aid Administrator Date Title

Printed Name of Financial Aid Administrator Email Address

Name of College/University Telephone #

Address of College/University Fax #

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