



# International Honors Program (IHP) Grant Application

This page is to be completed in its entirety by the student. Pages two and three must be completed by the school official in charge of financial aid. Please send tax returns by mail, email or fax to the IHP Boston office. IHP grants are need-based. Please print legibly.

Name: \_\_\_\_\_ Date: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

IHP Program: \_\_\_\_\_ Semester/Year: Fall \_\_\_\_\_ Spring \_\_\_\_\_ Academic Year \_\_\_\_\_ - \_\_\_\_\_

Permanent Address:

Street	City	State	Zip	Phone
School/Current Address: Dates Valid ___/___/_____ to ___/___/_____				

Street	City	State	Zip	Phone
Home Institution (if applicable): _____				

Cost of annual tuition at home institution: \$ \_\_\_\_\_

Cost of annual room and board at home institution: \$ \_\_\_\_\_

Total annual home institution costs: \$ \_\_\_\_\_

Explain how you plan to pay for IHP:

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

Provide a brief overview of your financial circumstances, including the specific amount of unmet financial need that you anticipate having if you were to participate on IHP (use separate page if necessary): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*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](mailto:info@ihp.edu)

[www.ihp.edu](http://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](http://www.ihp.edu)



# International Honors Program (IHP) Grant Information Form

To be completed by the student:

Printed Name \_\_\_\_\_ Home Institution I.D. #: \_\_\_\_\_

Applying for (IHP Program) \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_ Full Academic Year \_\_\_\_\_

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/SIT.

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.*

Total annual education budget at your institution (tuition, R&B, books, and other costs) \$ \_\_\_\_\_

Please list all forms of financial aid that this student currently receives.

Year \_\_\_\_\_

Loans: \_\_\_\_\_ \$ \_\_\_\_\_

Need Based Grants/Scholarships: \_\_\_\_\_ \$ \_\_\_\_\_

Merit Based Grants/Scholarships: \_\_\_\_\_ \$ \_\_\_\_\_

Workstudy: \_\_\_\_\_ \$ \_\_\_\_\_

Other: \_\_\_\_\_ \$ \_\_\_\_\_

Expected Student Contribution toward home institution costs \$ \_\_\_\_\_

Expected Family Contribution (not including student contribution) IM\$ \_\_\_\_\_

FM\$ \_\_\_\_\_

Student's accumulated educational debt to date (exclude parental debt) \$ \_\_\_\_\_

If this student participates on the IHP program indicated above, please indicate all forms of financial aid he/she will receive. **For semester programs, please indicate amounts per semester. For full year, please indicate amounts for full year.**

Loans: \_\_\_\_\_ \$ \_\_\_\_\_

Need Based Grants/Scholarships: \_\_\_\_\_ \$ \_\_\_\_\_

Merit Based Grants/Scholarships: \_\_\_\_\_ \$ \_\_\_\_\_

Other: \_\_\_\_\_ \$ \_\_\_\_\_

Will this student incur a study abroad fee to participate on IHP? If yes, how much? \_\_\_\_\_

Our goal is to help reduce students' unmet financial need with modest IHP grants. Please provide a brief assessment of this student's unmet financial need for the IHP program listed above, with particular attention to costs or loss of aid that he/she will incur through studying with IHP that he/she would not incur by remaining on campus. For information about program costs, please visit <http://www.ihp.edu/admissions/billing/>.

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## International Honors Program (IHP) Grant Information Form

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Student Name: \_\_\_\_\_

Home Institution: \_\_\_\_\_

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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