## Miami University Havighurst Center for Russian & Post-Soviet Studies Travel Grant Application

The Havighurst Center for Russian & Post-Soviet Studies offers financial assistance to Miami University students participating in study abroad programs to Russia and other post-Soviet states. Miami University students planning to enroll in a study abroad program for the summer, semester, or full academic year are eligible to apply. A faculty committee will select the recipients and determine the amount of each travel award based on the cost of the program, the student's academic record, and/or financial need.

## APPLICATION REQUIREMENTS

The following must be submitted to the Havighurst Center by the deadline.

- Travel Grant Application (included in this packet)
- Financial Aid and Budget Worksheet (included in this packet)
- Transcript (copy is fine)
- A short (1 page maximum) *typed* statement of purpose
- Two (2) academic letters of recommendation. It is your responsibility to make sure that these letters have been received.

Havighurst Center for Russian & Post-Soviet Studies

Harrison Hall, Room 116

Miami University
Oxford, Ohio 45056
(513)529-3303 (513)529-1709 FAX
HavighurstCenter@muohio.edu
www.muohio.edu/HavighurstCenter

Havighurst Center for Russian & Post-Soviet Studies Miami University Harrison Hall, Room 116 (513) 529-3303 STUDY ABROAD TRAVEL GRANT APPLICATION

(513) 529-1709 FAX HavighurstCenter @muohio.edu

Return the completed application form and additional materials to the Havighurst Center by the application deadline. Incomplete applications will not be considered.

Name:		Socia			OR
Local Address:					
Home Address:			Er	nail:	
Major/Minor:		GPA (cu	mulative):	e):	
Academic Status (circle one):	FR	SO	JR	SR	GRAD
Study Abroad Program:					
Country:		P	rogram Dates:		
Host Institution (if not Miami U	niversity):				
If you are participating in a non-Nyour sponsoring or host institution  Name & Title:  Phone:	n.				
Student Signature and Academic A I hereby attest that the above infor of the committee who are reviewing understand that this information of purpose.	rmation is true ng this applica	e to the best of a	e my academic 1	ecord and finar	ncial aid information.
Student Signature		Date			
I certify that the above-named studene.	dent has discus	ssed the academ	nic implications	of his/her stud	y abroad plans with
Academic Advisor Signature		Dept.		Date	

## Financial Aid and Budget Worksheet

Student Name	Banner ID#	_
Proposed Study Abroad program:		_
Host Institution (if not Miami University):		
Program Costs (some of these may be estimated)		
Tuition/Program Fee:		
Housing (if not included in program fee):		
Meals (if not included in program fee):		
Course Materials (if not included in program fee):		
Health Insurance (if not included in program fee):		
Airfare (if not included in program fee):		
Ground Transportation (if not included in program fee):		
Other/Miscellaneous (estimated):		
TOTAL EXPENSES:		
Other Expected Sources of Funding:		
Personal:	\$	
Family:	\$	
Financial Aid (includes grants, loans and other scholarships):	S	