

INTERNATIONAL STUDENT AWARD APPLICATION
Office of International Students & Scholars, UCSB

| | | | | | |
|------------------|----------------|------------|---|--------|-------------------------|
| Name: LAST | | First | | Middle | |
| Mailing Address | | | | | Telephone: () |
| City, State, Zip | | | Email: | | Country of Nationality: |
| Visa Type | Sex: M F | Birthdate: | Date Entered UCSB: Quarter: Year: | | Perm Number: |

| | | | | |
|---------------------|-----|----|--|-----------------------|
| Married: | Yes | No | Spouse's Name: | Spouse's Citizenship: |
| Is Spouse in US? | | | UCSB Student? Yes No | |
| Are Children in US? | | | Names & Ages | |

| | | | | | | |
|---|-----------|--------|--------|---------------------------|----|-----|
| Please Circle: Undergraduate | | | | Graduate | | |
| Freshman | Sophomore | Junior | Senior | MA | MS | PhD |
| Major: | | | | Expected Graduation Date: | | |

The International Student Award assists students who are experiencing economic hardship during the course of their studies at UCSB. The award is open to UCSB students in the F-1 or J-1 non-immigrant student status.

Candidates must be a full-time graduate or undergraduate student pursuing a UCSB degree (EAP reciprocity students are, therefore, not eligible). An award will be made to a student(s) who demonstrates economic need, which may include, but is not limited to the following factors:

1. A documented medical or dental emergency that is not covered by insurance;
2. A demonstrated pattern of deferred payment of university tuition bills;
3. Documented unexpected expenses that are non-medical in nature.

Please explain your circumstances on the reverse side of this form and attach any relevant documentation.

Application is due in the Office of International Students and Scholars by **Friday, February 6, 2009**.