

VASSAR COLLEGE  
Office of Financial Aid

Telephone (845) 437-5320

Fax: (845) 437-5325

WORKSHEET FOR FINANCING DOMESTIC/EXCHANGE PROGRAMS

**INSTRUCTIONS:** This form must be accompanied by a copy of the catalog statement or website information to indicate expenses for your program of study. Please obtain from the Office of the Dean of Studies.  
**DEADLINE DATES:** Fall/full year program: MAY 1<sup>st</sup>, spring program, NOVEMBER 1<sup>st</sup>.

Name \_\_\_\_\_ Student I.D.# \_\_\_\_\_ Class Yr: \_\_\_\_\_

Exchange/Domestic Program: \_\_\_\_\_

Term away: Full: \_\_\_ Fall: \_\_\_\_\_ Spring: \_\_\_\_\_ Date Program Begins: \_\_\_\_\_ Date Program Ends: \_\_\_\_\_

Have you purchased Vassar's Health Insurance? Yes \_\_\_\_\_ NO \_\_\_\_\_

**STUDY AWAY EXPENSES:**

Tuition..... \_\_\_\_\_

Room..... \_\_\_\_\_

Board..... #meals \_\_\_\_\_

Required fees: List separately:

(Do not include refundable fees) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Books/Personal Allowance..... \_\_\_\_\_

One Round Trip from home to institution: ..... \_\_\_\_\_

TOTAL EXPENSES..... \_\_\_\_\_

Name & address of where credit balance is to be sent: (required)

Attention of: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name & address of program: (required)

Attention of: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

All information on this form is true and complete to the best of my knowledge. I realize that my scholarship will be based on the lesser of the cost to attend Vassar and the cost of the approved Domestic/Exchange Program. I understand that Vassar will not be responsible for costs that exceed the cost of attendance nor for replacing the loss of campus employment or summer earnings resulting from my participation in the program.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

