FORDHAM UNIVERSITY
THE JESUIT UNIVERSITY OF NEW YORK

Fordham LDA Scholarship Application

Please return to:

LDA Scholarship Committee
International and Study Abroad Office
Walsh Library, Suite 039
Fordham University
441 E. Fordham Road
Bronx, NY 10458
Fax: 718.817.3471

Completed applications must be submitted by March 1st for the Fall Term or by October 1st for the Spring Term.

Student Information

Social Security Number: _____

Name: _____
first middle last

Study Period: □ Academic Year □ Fall □ Spring

I will graduate in *(month/year)* _____ Cumulative GPA: _____ on a 4.0 scale.

Present Institution: _____ E-mail address: _____

Authorization: *I give my permission to release financial and financial aid data on file to the Fordham University International and Study Abroad Programs Office for the purpose of evaluating my application for financial support.*

_____ _____
Student's Signature *Date*

Brief personal need statement

In 300 words or less, describe any extenuating circumstances that may be relevant in the consideration of your LDA scholarship application. You may attach another sheet for your personal statement.

Scholarship information

Scholarships are applied toward the London Dramatic Academy tuition only. Scholarships cannot be used for the $500 program deposit.

Student certification: I certify that the information in this application is true to the best of my knowledge.

_____ _____
Student's Signature *Date*

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Social Security Number: _____ Name: _____
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London Dramatic Academy Study Period: ☐ Academic Year ☐ Fall ☐ Spring

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To be Completed by Financial Aid Administrator

The student named above is applying for financial support toward the cost of a study abroad program through the Fordham University International and Study Abroad Programs Office. Your help is requested with this application. If actual amounts are not yet available, please use estimated data and mark the estimated box.

Name: _____ Title: _____

Phone: (_____)_____ Fax: (_____)_____ E-mail Address: _____

_____ _____
Administrator's Signature *Date*

Institution's Current Annual Tuition for a Resident Student $_____

Institution's Cost of Attendance for the Term Indicated for a Resident Student $_____

Student's Expected Family Contribution (from FAFSA) $_____ Year_____

Financial Aid Expected for the Term Indicated Above*

	Check if Estimated	Amount	Would Award Transfer for Study Abroad?
Grants:		_____	☐Yes ☐ No
Federal Pell Grant	☐	_____	☐Yes ☐ No
Federal SEOG Grant	☐	_____	☐Yes ☐ No
State Grant	☐	_____	☐Yes ☐ No
College Merit Awards	☐	_____	☐Yes ☐ No
College Need-Based Grants	☐	_____	☐Yes ☐ No
Other (please list):			
_____	☐	_____	☐Yes ☐ No
_____	☐	_____	☐Yes ☐ No
Total Grants:		_____	
Loans:			
Federal Subsidized Stafford Loan	☐	_____	☐Yes ☐ No
Federal Unsubsidized Stafford Loan	☐	_____	☐Yes ☐ No
Federal Perkins Loan	☐	_____	☐Yes ☐ No
Institutional Student Loan	☐	_____	☐Yes ☐ No
Federal PLUS Loan	☐	_____	☐Yes ☐ No
Other (please list)			
_____	☐	_____	☐Yes ☐ No
_____	☐	_____	☐Yes ☐ No
Total Loans:		_____	
Total Aid:		_____	

**Institutional and federal work study grants may be ignored for this request.*