

Name \_\_\_\_\_ Williams ID # \_\_\_\_\_ Class \_\_\_\_\_

Study Away Program \_\_\_\_\_ Country \_\_\_\_\_

**Section A: INFORMATION ABOUT YOUR PROGRAM:**

Exchange Rate \_\_\_\_\_ = \$1 U.S.

Program Address \_\_\_\_\_  
 \_\_\_\_\_  
 Program Contact Person \_\_\_\_\_  
 Program Telephone # \_\_\_\_\_  
 Program FAX Number \_\_\_\_\_

Academic Year   
 Fall Term   
 Fall Term/And WSP   
 WSP/And Spring Term   
 Spring Term

Duration of Program: From: \_\_\_\_\_ To: \_\_\_\_\_  
 Month Day Year Month Day Year

I have applied for a scholarship/aid from the program YES NO. If yes, indicate the amount of scholarship you will receive: \$\_\_\_\_\_. If the program has not yet provided information about your award, you must inform the Office of Financial Aid *directly* of the amount of your award.

**Section B: INFORMATION ABOUT YOUR COSTS:**

I will live: in housing provided by the program  with a family in a home-stay situation  off-campus

**Direct (Billed) Program Charges**

Proposed (US \$) Approved by Financial Aid

Tuition	\$ _____	\$ _____
Room (if charged by program)	_____	_____
Board (if charged by program)	_____	_____
Required fees (list) _____	_____	_____
(do not include refundable charges) _____	_____	_____
Round trip fare if billed by the program	_____	_____

TOTAL of Direct/Billed Charges \$ \_\_\_\_\_

**Indirect (Non-billed) Expenses Associated With Your Program**

Housing (off campus) Include rent and utilities	_____	_____
<i>You must attach a copy of your lease to document your rent if not billed by the program</i>		
Food/Meals not charged by program	_____	_____
Round trip airfare to get to and from program	_____	_____
Travel cost from home to departure site	_____	_____
Passport/Visa	_____	_____
Shots	_____	_____
Books & Supplies	_____	_____
Personal expenses (laundry, entertainment, etc.)	_____	_____
Required fees (list) _____	_____	_____
(do not include refundable charges) _____	_____	_____
Local travel	_____	_____
<b>Required</b> field trips (not included in direct charges)	_____	_____
Vacation/breaks: Transportation	_____	_____
Date ____ to ____ Housing	_____	_____
Date ____ to ____ Food	_____	_____

TOTAL of Indirect Expenses \$ \_\_\_\_\_

All information on this form is true and complete to the best of my knowledge. I understand that I will not receive more Williams Scholarship if my program cost is higher than the cost of attending Williams. I will inform the Office of Financial Aid directly of all scholarships that I will receive, including scholarships received from my study away program. It is my responsibility to provide a copy of my study away program bill to the Bursar. I understand that any past-due balance on my Williams College student account will reduce the amount of funds available to be forwarded to my study away program and that I must make up the difference with the program.

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