

Babu Chalam Study Abroad Scholarship Application Form

Name: _____

UGA Student ID#: 81 _____

Address: _____

Phone: _____ Email: _____

Name of Program Applied for: _____

Study Abroad Program Application Deadline: _____

Dates of Program: _____

Overall cost of program: _____ Does this include airfare? **Yes** **No**

I am a German major: **Yes** **No**

Complete list of all German Courses completed or taken, including those currently enrolled in:

Course

Semester

If awarded the Babu Chalam Study Abroad Scholarship, I promise to use it for the purpose in my statement. If for any reason I am not able to do so, I will return the money to the Department of Germanic & Slavic Studies.

Signature: _____ Date: _____

Please submit your application, statement of purpose, and program description to Ceci Webb (cew69467@uga.edu, Office Rm 204, Joe Brown Hall) in person or via email by March 20th.