



SAI is pleased to offer scholarships to deserving students each academic year. These scholarships are open to all SAI participants who meet the eligibility requirements. To be considered, applicants must:

- (1) Already be accepted into a SAI program
- (2) Adhere to the SAI Code of Conduct; SAI reserves the right to revoke a scholarship if the recipient fails to adhere to the SAI Code of Conduct.
- (3) Submit the following required materials:

SAI Scholarship Application
Original Essay
2 Letters of Academic/Professional Recommendation
All Applicable 1040 Income Tax Forms (or equivalent for international students)

Application Deadlines: Fall Semester: June 1st / Spring Semester: October 15th / Summer Programs: March 15th

All students submitting scholarship applications are considered for all scholarships that apply to their enrollment and therefore do not have to specify a particular scholarship. An independent selection committee reviews applications that meet all criteria, and requirements. SAI assumes no responsibility for procuring information. Incomplete or late applications will not be processed. Only original mailed applications postmarked by the application deadline will be eligible for consideration. Awards are announced two weeks after the application deadline.

Please mail all applications and application materials to:

Study Abroad Italy
7160 Keating Avenue
Sebastopol, CA 95472
800-655-8965
www.saiprograms.com

Name _____ Date of Birth _____

Email _____

Mailing address _____

Telephone number _____

Current university _____ Year of Study _____

Major _____ Minor _____ Cumulative GPA _____

Which SAI program & term will you be attending _____

Extra-curricular activities _____

I plan on participating in the Service Learning / Volunteer program

I am a First Generation College Student

Applicant Signature _____ Date _____



Financial Information: Complete the information requested of the independent or the dependent student (this is based on how your education and living costs are met). You are a dependent student if you are under 24 years of age and you're not: (1) a ward of the court; (2) married and living away from your parents; (3) claimed by your parents for two consecutive years and earned at least \$4,000 in each of those two years; (4) serving in the military.

Must include a copy of the applicable 1040 income tax form (or equivalent if an international student). *If you have not filed taxes by the time you are filling out this application, you must use estimated figures from the previous year and include a copy of that year's 1040 tax form. This application will be considered incomplete without the appropriate Federal Income Tax forms.

Independent Student

\$ _____ Current student/spouse adjusted gross income (form 1040, line 33; 1040A, line 18; 1040EZ, line 4)
\$ _____ Non-taxable income \$ _____ Medical/dental expenses not covered by insurance
\$ _____ Total income \$ _____ Cash, savings, stocks, bonds, cd's, etc.
_____ Family size (including applicant, spouse, other household members)

Dependent Student

Parent(s) or Guardian(s) name _____
Occupation _____
\$ _____ Current parent(s)/guardian(s) adjusted gross income (form 1040, line 33; 1040A, line 18; 1040EZ, line 4)
\$ _____ Non-taxable income \$ _____ Medical/dental expenses not covered by insurance
\$ _____ Total income \$ _____ Cash, savings, stocks, bonds, cd's, etc.
_____ Family size (including yourself (applicant), your parents, siblings, and any other household members)

Additional Funding Information:

Scholarships (Non - SAI) _____

Loans _____

Private Contribution _____

Have you experienced any financial hardship not adequately expressed in the information above: _____

I (we) certify that all the information on this form is true and complete to the best of my (our) knowledge. If asked by any authorized official of Study Abroad Italy , I (we) agree to provide documentation for the information given on this form. I (we) realize that failure to comply with a request for further information may prevent me (the applicant) from receiving a scholarship.

Applicant Signature _____ Date _____
Parent or Guardian Signature _____ Date _____
(required if a dependent student)



scholarship application: personal statement

This is your opportunity for the Scholarship Committee to know you individually. While GPA and financial need are important selection criteria, a well written personal statement can set one student apart from others.

There is no single way to respond here. The topic(s) can vary, although some discussion related to international study/travel is recommended. Are you the first person in your family to attend a college/university? Yes No. If you marked 'Yes' please include addressing this in your Personal Statement.

Essays are limited to a single page (this form can be used if you like) and must be typed. This form must be signed and attached (if applicable) to your statement.



scholarship application: letter of recommendation

Evaluator: You have been chosen to write a letter of recommendation. The student is applying for a scholarship with Study Abroad Italy and your evaluation is needed as part of the application process. Please make a statement describing the applicant's character, school and community involvement as well as evidence of the student's strengths and weaknesses, not to exceed one page in length. SAI is particularly interested in how you feel the student might adapt/excel while living /studying abroad. Letters should be written on faculty letterhead. Please remember to attach this form to your letter.

Please note: Only academic or professional recommendations will be accepted. Parents, immediate family members, friends or acquaintances, school counselors, etc. are not eligible to write an evaluation.

I am writing this evaluation on behalf of _____

Evaluator's name _____

Telephone number _____

Address _____

Relationship to applicant _____

How long have you known the applicant _____

Is this a confidential evaluation? Yes No

If this is a confidential evaluation, please be sure to seal and sign the envelope and return it to the applicant so that it may be included along with the application packet. A confidential evaluation received with a broken seal will be returned to the evaluator along with a written explanation as to why it was not accepted.

Evaluator Signature _____ Date _____



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Evaluator Signature _____ Date _____
