

Winthrop-king Undergraduate Scholarships- Program Information Form

This document is to be uploaded to the FS4U portal where indicated

Last Name _____

First Name _____ Middle Name _____

E-mail address: _____

EMPLID: _____

Language of award for which you are applying: _____

Complete **EITHER** Section 1 **OR** Section 2 below.

<u>SECTION 1</u>
FOR STUDY ON A PROGRAM THAT IS ADMINISTERED BY FLORIDA STATE UNIVERSITY INTERNATIONAL PROGRAMS
Name of the FSU IP Program: _____
Location of the Program: _____
Name of the language program coordinator with whom you discussed the program and who approved it: _____ _____

SECTION 2
FOR STUDY ON A PROGRAM THAT IS NOT ADMINISTERED BY FLORIDA STATE UNIVERSITY INTERNATIONAL PROGRAMS
Name of the Program _____
Name of the University Administering the Program _____
Location of the Program _____
Name of the language program coordinator with whom you discussed the program and who approved it: _____ _____

Applicant Signature _____ Date _____