

BOWDOIN COLLEGE

Bowdoin Student ID#

Student's Name (please print legibly)

OFF-CAMPUS STUDY

DISBURSEMENT WORKSHEET

Completed by (please print name legibly)

Date

Please complete and return by September 1 for fall semester or full year programs, or by February 1 for spring semester programs, with a copy of the most recent account statement from the program, to:
Bursar's Office, Bowdoin College, 5420 College Station, Brunswick, ME 04011-8445. Thank you.

Name of Program (e.g., IES-Vienna): _____

Program's Business Office e-mail address: _____ Phone no. _____

Step 1. Select Disbursement Options and Payees In this section, please show to whom payments should be made by choosing one of the following options and completing the relevant items in the grid. The Off-Campus Study Fee of \$1,000 will be deducted prior to disbursement.

- Send all funds to the program.** Attach most recent account statement. In the Totals column, enter the amount awarded from each applicable source shown.
- Divide funds between the program and others as shown below.** Attach most recent account statement from the program. In the Totals column, enter the amount awarded by each applicable source, then show amount to be disbursed from each source to each recipient.
- Send funds to the parent and/or the student as indicated because the program was paid in full.** Please attach a receipt or paid account statement from the program as proof of payment so that the aid award may be paid to the student or parent directly. Enter amount awarded by each applicable aid source, then show amount to be disbursed from each source to each recipient.

Aid Source	Source Amounts	Pay OCS fee to Bowdoin	Pay to Program	Pay to Student	Pay to Parent
Bowdoin Grant	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Pell Grant	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
SEOG	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Loans					
Perkins or Bowdoin	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Stafford	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
PLUS	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Other: _____ Loan Name	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Non-Bowdoin Grants Non-Bowdoin grants are handled according to instructions from awarding organizations, but are generally transferable to OCS programs. Please check with the scholarship organization if you have questions.

Source _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Source _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Source _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Step 2. Select Payment Methods Please check a payment method for each payee that is listed in Step 1.

U.S. dollar check Program Student Parent

Wire transfer Program Student Parent

Foreign currency draft Program Student Parent

(Used only when U.S. dollar checks or wire transfers are not accepted by a foreign university).

Step 3. Furnish Wire Transfer Instructions If this is the payment method chosen in Step 2. for any payee that you listed in Step 1., please complete the following information. Under "Reference Information", enter the details needed to identify the wire with the student as specified by the program.

Note regarding currency conversion ~ Bowdoin College assumes no responsibility for the resulting exchange difference in the conversion of U. S. dollars to the currency of the program's institution. The amount of the transfer or foreign currency draft is the equivalent of U. S. dollars on the day of the transaction. When possible, wire transactions are made in U. S. dollars.

Program's Bank Account	Student's Bank Account	Parent's Bank Account
Bank Name: _____	_____	_____
Street Address: _____	_____	_____
_____	_____	_____
City Branch is in: _____	_____	_____
Country: _____	_____	_____
Bank Sort Code: _____	_____	_____
(Routing no. if a U.S. bank)		
Name of Accountholder: _____	_____	_____
Bank Account No.: _____	_____	_____
Reference Information: _____	_____	_____
_____	_____	_____

Step 4. Furnish Payment Addresses If you chose either check or draft as a payment method in Step 2., please furnish the mailing address(es) for the payee(s).

Program's Business Office: _____

Student: _____

Parent payee: _____

