

# 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
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**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  
german@uga.edu by March 20<sup>th</sup>, 2025.**