Travel Estimated Expenses

Please submit this form together with your Ambassador Marilyn McAfee Scholarship Application Materials through the Google form.

WORLD AFFAIRS COUNCIL JACKSONVILLE

Student Name: _____

Major/Minor: _____

Start of Trip: _____

End of Trip: _____

Length of Trip: _____

Location: _____

Reason for Trip: _____

Detailed Description of Trip Costs:

Lodging:	**# days**	**$per day**
Cost per day times the number of days:		
Total Lodging Costs:	**$**	

Meals:	**# days**	**$per day**
Breakfast, Lunch & Dinner average cost per day:		
Total Meal Costs:	**$**	

Travel	
Roundtrip Airfare	$
Other travel costs	$
Total Travel Costs:	**$**

Program:	
Tuition Fees (from your institution)	$
Program Fees	$
Other	$
Total Program Costs:	**$**

Estimated Total Trip Costs:

Lodging:	$
Meals:	$
Travel:	$
Program:	$
Total Estimated Costs:	**$**

Financial Assistance Awarded (Optional):

Scholarship Name/ Financial Aid	**Amount of Award**
	$
	$
	$
	$
	$