The Papadopolous Family Foundation established this fund in 2018 to provide need-based support to undergraduate students for domestic travel during the Thanksgiving or Winter holiday breaks.

APPLICATION DEADLINE:
Friday, November 27, 2019, by 5 p.m.

Eligibility
Full-time undergraduate student during the 2019-2020 academic year with financial need. Preference to students with financial hardship and/or when lack of financial resources would prevent travel home to family.

Destination of travel must match permanent address on file with the university, and travel must occur within the continental United States.

How to Apply
ALL APPLICANTS:
1. To apply, complete and submit the application on page 2. Complete applications must include a copy of purchased or estimated travel expenses.
2. Submit a 2019-2020 Free Application for Federal Student Aid (FAFSA) to the federal processor. The FAFSA is available at https://fafsa.ed.gov beginning October 1, 2018. List the University of Michigan-Ann Arbor and the Federal School Code 002325 so that a copy will be sent to U-M.

ENTERING FRESHMEN AND TRANSFER STUDENT APPLICANTS ONLY:
In addition to steps 1 and 2 above, entering freshmen and transfer students should also complete a 2019-2020 CSS/Financial Aid PROFILE application. The PROFILE is available at https://profileonline.collegeboard.org beginning October 1, 2018. List CSS Code 1839 so that a copy will be sent to U-M.

Note to entering students: There is a cost associated with submission of the PROFILE. Many students will receive an automatic fee waiver offer from the College Board when they provide their income information. Please contact the Office of Financial Aid to request a PROFILE fee waiver if you are financially unable to submit this application and are not offered the automatic fee waiver. You must request this waiver before you submit the PROFILE. We are unable to reimburse families who request the waiver after submission.

Selection
The University of Michigan Office of Financial Aid will review the submitted applications and select the student(s) who best meet the scholarships eligibility criteria.

Number/Amount
The number and dollar amount of the scholarships vary, depending on the available funding and individual cost of travel. Award maximums apply.

Deadline
Applications should be received by November 27, 2019, by 5 p.m.

PLEASE NOTE:
- This scholarship is available only to students enrolled full-time on the Ann Arbor campus.
- Domestic travel destination must align with student permanent address on file at the University of Michigan.
- Travel must occur during Thanksgiving recess or during winter break (after the end of Fall term and before the beginning of Winter term).
1. Student’s Name ________________________________________________________________

2. UMID Number (8 digits) __ __ __ __ __ __ __ __ 3. Email Address ________________________________

4. Address:
   Local
   Street __________________________________ City ___________________ State _______ Zip __________
   Permanent
   Street __________________________________ City ___________________ State _______ Zip __________

5. Year in college during 2019-2020: ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior

6. Did you complete your 2019-2020 FAFSA? (required) ☐ Yes ☐ No

7. What is your travel destination? __________________________________________________________

8. When do you plan to travel? (Select one) ☐ Winter break

9. What is your mode of transportation?_____________________________________________________

10. What is the amount of your travel expense?________________________________________________
    ▶ Attach a copy of your purchase receipt or a document showing the estimated expense.
    *(Example: flight information with dates, times and flight total.)*

11. Describe your financial hardship and why this fund should be awarded to you for holiday travel:
    ___________________________________________________________________________________
    ___________________________________________________________________________________
    ___________________________________________________________________________________
    ___________________________________________________________________________________
    ___________________________________________________________________________________

12. Authorization for Release of Information:

    I agree to allow my application and financial aid to be reviewed by those who make the scholarship award decision. I agree to authorize the Office of Financial Aid at the University of Michigan to release my application and a profile of my academic and financial status, if requested, to the scholarship donors and individuals involved in the scholarship decision.

    STUDENT’S SIGNATURE ___________________________________________ DATE ______________________

13. Please return this completed application and a copy of your receipt or estimated cost to:

    Scholarship Unit
    Office of Financial Aid
    University of Michigan
    2500 Student Activities Building
    515 E. Jefferson Street
    Ann Arbor, MI 48109-1316
    Fax: (734) 647-3081