



**The John Felice Rome Center**  
**Loyola University Chicago**  
Lake Shore Campus  
6525 N. Sheridan Road | Chicago, Illinois 60626  
Phone 773.508.2760 | 1.800.344.ROMA  
Fax 773.508.7125  
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**Scholarship Application**  
**The John Felice Rome Center**

Applicant's Name (print) \_\_\_\_\_ Student ID # \_\_\_\_\_

Applicant's Email Address (print) \_\_\_\_\_

Home Institution (print) \_\_\_\_\_

**For which award(s) are you applying?**

- The John P. Felice Endowed Scholarship ...*Only available for students in Fall Semester*
- The Murel R. Vogel, S.J. Endowed Scholarship ...*Full Year Students Only*
- The Vogelheim/Hansen Scholarship
- The Carol T. Robbins Visiting Student Scholarship ...*Visiting Students Only*
- The JFRC Alumni Class Scholarships

I have applied to attend Loyola's John Felice Rome Center for the (check only one)

- Fall semester only       Spring semester only       Full academic year

If awarded the scholarship/fellowship for which I have applied, I promise to fulfill all the terms and conditions specific to the award bestowed upon me.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Filling out this application does indicate that you are interested in applying for the above awards, but in order to have a complete application and be considered for these awards, please read the eligibility and specific requirements at:**

**[http://www.luc.edu/romecenter/admission\\_financialassistance\\_scholarships.shtml](http://www.luc.edu/romecenter/admission_financialassistance_scholarships.shtml)**

**Only Visiting Students need to have this portion of the application completed by a Financial Aid Administrator at the home institution.**

**Loyola University Chicago students DO NOT need to complete this section.**

Expected family contribution: \_\_\_\_\_

How much grant and scholarship aid will the home institution allow for study abroad at Loyola's Rome Center:  
Please indicate if this per year or semester:

\_\_\_\_\_

\_\_\_\_\_  
Printed/Typed Name of Financial Aid Administrator

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Signature of Financial Aid Administrator

\_\_\_\_\_  
Date