

Visiting Scholars' Funding Worksheet

Name: _____ **Gender:** Male / Female
 Last (family name) First (given name) (circle one)

Home University and Department: _____

Duration of Stay From: _____ **To:** _____
 (month / day / year) (month / day / year)

Support or funding will be provided by: *Attach supporting financial documents. Include translations if documents are not in English.*

Funding Source	Monthly Amount <i>(in U.S. dollars)</i>	Total Amount <i>(in U.S. dollars)</i>
UC Education Abroad Program		
Home University		
Sponsoring Organization, Firm, Government or Institution Name(s):		
Personal Funds		
Total Available Funds <i>(in U.S. dollars)</i>		

Campus-Required Minimum Monthly Living Expenses				
UC Campus	Single	With Spouse	With Spouse and 1 Child	With Spouse and 2 Children
Berkeley	\$1,600	\$2,100	\$2,300	\$2,500
Davis	\$2,000	\$2,600	\$2,900	\$3,200
Irvine	\$2,000	\$2,500	\$3,000	\$3,500
Los Angeles	\$2,247	\$2,747	\$2,969	\$3,192
Merced*	\$1,600	\$2,100	\$2,400	\$2,700
Riverside*	\$1,700	\$2,200	\$2,400	\$2,600
San Diego*	\$2,400	\$3,200	\$3,600	\$4,000
San Francisco	\$2,210	\$2,835	\$3,185	\$3,535
Santa Barbara	\$2,400	\$2,900	\$3,400	\$3,900
Santa Cruz	\$1,800	\$2,800	\$3,300	\$3,800

Note: Amounts shown are based upon the estimates currently available. Cost of health insurance is not included, as it varies by age.

*UC Merced, UC Riverside and UC San Diego amounts include the cost of UC health insurance.