APPLICATION FOR FINANCIAL AID
INTERNATIONAL STUDENT
for the
2016-2017 ACADEMIC YEAR

- Send a completed International Student Application for Financial Aid (this form) to the AJU Financial Aid Office, along with:
  - A copy of your 2015 tax return. If you are married and filed separately, send a copy of your spouse's 2015 tax return.
  - If you are age 23 or younger, send a copy of your parents' 2015 tax return.
- Please do not leave blanks. If none, write "0" or "N/A" for "not applicable."
- Do not use this form if you are a citizen or permanent resident of the United States of America.

Last Name   First Name   Social Security Number
Local Street Address
Local City/State/ZIP
Local Area Code and Telephone Number
E-mail Address

Enrollment Status:  - Entering Student  - Returning Student
Grade Level in 2015-2016: Undergraduate   Graduate

Program of Study: Please check one.
- College of Arts and Sciences (CAS)
- Master of Business Administration (MBA)
- Master of Arts in Jewish Communal Service (MAJCS)
- Master of Arts in Education (MAEd)
  - Day Program
  - Evening Program
- Ziegler School of Rabbinic Studies
- Master of Arts in Rabbinic Studies (MARS)

Parent Information:
Mother/Stepmother's Last Name   First Name   Father/Stepfather's Last Name
Street Address
City/Country
Telephone Number

Marital Status:  □ Single  □ Married  □ Separated  □ Divorced

Income: Undergraduate students age 24 or older and graduate students should answer the Student and Student's Spouse sections only.

What is the unit of currency in your country? __________________________

As of today, what is the exchange rate of your country’s currency to the U.S. dollar? ___________________ = $1.00 U.S.
In 2014 | In 2015 | In 2016
---|---|---
Father/Stepfather’s Income from Work | $____________ | $____________ | $____________
Mother/Stepmother’s Income from Work | $____________ | $____________ | $____________
Parental Income from Other Sources | $____________ | $____________ | $____________
Student’s Income from All Sources | $____________ | $____________ | $____________
Student’s Spouse’s Income from All Sources | $____________ | $____________ | $____________

**Assets:** Undergraduate students age 24 or older and graduate students should provide only their own (and their spouse’s) information, not their parents’ information.

<table>
<thead>
<tr>
<th>Parent(s)/ Step-Parent</th>
<th>Student/ Spouse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Present Value</td>
<td>Present Debt</td>
</tr>
<tr>
<td>Savings, Checking</td>
<td>$____________</td>
</tr>
<tr>
<td>Home</td>
<td>$____________</td>
</tr>
<tr>
<td>Other Real Estate and Investments</td>
<td>$____________</td>
</tr>
<tr>
<td>Business and Farm</td>
<td>$____________</td>
</tr>
</tbody>
</table>

**Expected Support:**

1) What is the total amount of support (scholarships, grants, loans) you expect to receive from your government or any private agency? $______________ Name of agency: _________________________________________________

2) If you have a sponsor who will provide financial support to you, please provide the following information:

<table>
<thead>
<tr>
<th>Name</th>
<th>Country of Residence</th>
<th>Amount of Support</th>
</tr>
</thead>
</table>

3) What support will your parent(s) or other family members provide?


4) Are you willing to apply for a student loan? Yes___ No___

   If “yes,” do you know a U.S. citizen or permanent resident who can and will co-sign a student loan for you? Yes___ No___

**Special Circumstances:** Please describe any special circumstances, losses in income, medical or dental expenses not reimbursed by your insurance plan, dependent care costs, or any other factor which you believe the Office of Financial Aid should consider in determining your need. *Provide documentation (receipts, bills, estimates, and the like) of these expenses.* Attach a letter if fuller explanation is necessary.

**Authorization Release:** I authorize the release of biographical information from my Financial Aid file and academic file to my scholarship donor if requested.

Student’s Signature | Date
---|---

**Signatures:** I/we certify that the above information is true and complete to the best of my/our knowledge. If requested, I/we agree to provide documentation of this information. I/we understand that if I/we do not provide documentation when asked, the student may not receive aid. If the student receives any form of aid from any other source, the student will immediately notify the Office of Financial Aid.

Student’s Signature | Date | Spouse’s Signature | Date
---|---|---|---

Mother’s/Stepmother’s Signature | Date | Father’s/Stepfather’s Signature | Date

**We suggest that you keep a copy of this completed form for your records.**