APPLICATION FOR FINANCIAL AID INTERNATIONAL STUDENT for the 2018-2019 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 2016 tax return. If you are married and filed separately, send a copy of your spouse's 2016 tax return.
 - If you are age 23 or younger, send a copy of your parents' 2016 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 Na	me	Social Security Number		
Local Street Address			Billing Street Address		
Local City/State/ZIP			Billing City/State/ZIP		
Local Area Code and Tele	ephone Number		Billing Area Code and Telephone Number		
E-mail Address			Country of Citizenship		
Enrollment Status: - Entering Student - Returning Student			Date of Birth		
Grade Level in 2018-2019: Undergraduate Graduate			Number of AJU units you expect to take each semester:		
1 2 3 4 5 A B C D E Program of Study: Please check one. College of Arts and Sciences (CAS) Master of Business Administration (MBA) Master of Arts in Education (MAEd) Day Program Evening Program Ziegler School of Rabbinic Studies Master of Arts in Rabbinic Studies (MARS) Parent Information:			Summer '18 Fall '18 Spring '19 Please note: Full time is 12 to 18 units for undergraduate students and 9 to 21 units for graduate students. Housing Plans: • On Campus • With Family • Off Campus, On My Own		
Mother/Stepmother's Last	t Name	First Name	Father/Stepfather's Last Name First Name		
Street Address			Street Address		
City/Country			City/Country		
Telephone Number			Telephone Number		
Marital Status: Single	e Married	Separated	Divorced		
Income: Undergradu only.	ate students age 24	or older and graduat	e students should answer the Student and Student's Spouse sections		
What is the unit of cur	rency in your country	?			

	In 2017	In 2018	In 2019
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.

	Parent(s)/Step-Parent		Student/Spouse	
	Present Value	Present Debt	Present Value	Present Debt
Savings, Checking	\$	XXXXXXXXXXXXXX	\$	XXXXXXXXXXXXXX
Home	\$	\$	\$	\$
Other Real Estate and Investments	\$	\$	\$	\$
Business and Farm	\$	\$	\$	\$

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:

		\$
Name	Country of Residence	Amount of Support
3) What support will your parent(s) or oth	er family members provide?	
2018-19: \$ 2019-2	20: \$ 2020-21:\$	2021-22: \$
4) Are you willing to apply for a student lo	oan? 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

15600 Mulholland Drive • Bel Air, CA 90077 • (310) 476-9777, Ext. 252 • Fax (310) 476-4613 • financialaid@aju.edu

Date