

## **Application for Financial Aid** for the 2018-2019 Academic Year

for U.S. Citizens and Eligible Non-Citizens

International students should file the AJU International Student Application for Financial Aid.

- Send a completed **Application for Financial Aid** (this form) to the AJU Financial Aid Office.
- File the **Free Application for Federal Student Aid** (FAFSA) at http://www.fafsa.ed.gov. List the American Jewish University, federal school code number **002741**.

Please type or print	all informatio	n.	
Last Name First Name	Social Security Number		
Home Street Address	Billing	Street Address	
Home City/State/ZIP	Billing City/State/ZIP		
Home Area Code and Telephone Number	Billing	Area Code and Te	elephone Number
E-mail Address		Date of Birth	
Enrollment Status: - Entering Student - Returning Student  Grade Level in 2018-2019: Undergraduate Graduate	Number of AJU units you expect to take each semester: (If none, write "0.")		
Program of Study:  - 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)		Fall `18 time is 12 to 18 u s for graduate stu	Spring '19 units for undergraduate students adents.
<b>Housing plans:</b> - On campus - With parents/relatives	- Off campus, on	my own	
Have you filed the Free Application for Federal Student Aid (FA	NFSA) for 2018-	<b>2019?</b> - Yes	- No
All students: Did or will you file a federal tax return for 2016?	- Yes - No		
Dependent undergraduates only: Did or will your parent(s) file	e a federal tax ı	eturn for 2016	<b>5?</b> - Yes - No
<b>Entering undergraduate students who are California residents</b> Grant?	: Have you applie	ed for a Cal	<ul><li>Yes - No</li><li>I have already been awarded a Cal Grant.</li></ul>

Scholarships and Loans
Please list all outside scholarships, fellowships, grants, and loans for which you have applied.
Students are required to notify the Office of Financial Aid of any outside aid received.

Name of Scholarship/Grant/Loan	Agency	Area Code & Telephone Number	Amount
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dependent care costs, or any oth Provide documentation (receipts, l	cumstances, losses in inco er factor which you belied bills, estimates, and the li	Circumstances  Tome, medical or dental expenses not covered by  we the Office of Financial Aid should consider in  like) of these expenses. Attach a letter if fuller of  inst include supporting documentation in o	determining your need. explanation is necessary.
	Author	ization Release	
I authorize the release of biographica	al information from my Fi	nancial Aid file and academic file to my scholars	ship donor if requested.
Student's Signature		l	Date
		ignatures	
provide documentation of this inform	nation. I/we understand	omplete to the best of my/our knowledge. If that if I/we do not provide documentation who om an outside source, the student will immed	en asked, the student may
Student's Signature	Date	Spouse's Signature	Date
Mother's/Stenmother's Signature		Father's/Stenfather's Signature	Date

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