



APPLICATION FOR FINANCIAL AID INTERNATIONAL STUDENT for the 2020-2021 ACADEMIC YEAR

- Send a completed **International Student Application for Financial Aid** (this form) to the AJU Financial Aid Office, along with:
 - Copy of your 2018 tax return. If you are married and filed separately, send a copy of your spouse's 2018 tax return.
 - If you are age 23 or younger, send a copy of your parents' 2018 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

_____ **Billing** Street Address

_____ **Local** City/State/ZIP

_____ **Billing** City/State/ZIP

_____ **Local** Area Code and Telephone 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 2020-2021: Undergraduate Graduate

Number of AJU units you expect to take each semester:

1 2 3 4 5 A B C D E

_____ Summer '20 _____ Fall '20 _____ Spring '21
*Please note: **Full time** is 12 to 18 units for undergraduate students and 9 to 21 units for graduate students.*

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)

Housing Plans: - On Campus
- With Family
- Off Campus, On My Own

Parent Information:

_____ Mother/Stepmother's Last 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 - 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 2019	In 2020	In 2021
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
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3) What support will your parent(s) or other family members provide?

2020-21: \$ _____ 2021-22: \$ _____ 2022-23: \$ _____ 2023-24: \$ _____

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
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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
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Mother's/Stepmother's Signature	Date	Father's/Stepfather's Signature	Date
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We suggest that you keep a copy of this completed form for your records.