



Application for Financial Aid for the 2020-2021 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 information.

_____		_____
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 Telephone Number
_____		_____
E-mail Address		Date of Birth

Enrollment Status: - Entering Student - Returning Student

Grade Level in 2020-2021: Undergraduate Graduate

1 2 3 4 5 A B C D E

Number of AJU units you expect to take each semester:
(If none, write "0.")

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

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)

Housing plans: - On campus - With parents/relatives - Off campus, on my own

Have you filed the Free Application for Federal Student Aid (FAFSA) for 2020-2021? - Yes - No

All students: Did or will you file a federal tax return for 2018? - Yes - No

Dependent undergraduates only: Did or will your parent(s) file a federal tax return for 2018? - Yes - No

Entering undergraduate students who are California residents: Have you applied for a Cal Grant? - Yes - No
- I have already been awarded a Cal Grant.

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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Special Circumstances

*Please describe any special circumstances, losses in income, medical or dental expenses not covered 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. **Please note that claims of special circumstances must include supporting documentation in order to be considered.***

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 all of 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 an outside 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.