



Application for Financial Assistance 2019 / 2020 Academic Year

Please read and review the form and the instructions carefully before you fill it in and do not leave any boxes blank.

PLEASE PRINT IN BLOCK LETTERS

I. APPLICANT'S PERSONAL PROFILE

1 Name: _____
Family First Middle

2 Gender: Male Female

3 Date of birth: _____ / _____ / _____
Month Day Year

4 Intended date of admission: Fall'19 Spring'20

5 Citizenship: _____

6 Country of residence: _____

7 City: _____

II. FAMILY INFORMATION

8 In answering the following question, please refer to your biological parents

8a Parents' current marital status (check only one box):

Married Divorced Mother living, father deceased Father living, mother deceased

Parents not married Domestic Partnership Other _____
(Please specify)

9 In the definition of family below, use the current family members (step-parents, if needed)

10 How many persons, including the applicant, are dependent upon the family income? _____

(i) Relationship to applicant

(ii) Age

10a Income earner A. _____

10b Income earner B. _____

10c Income earner C. _____

10d Other Member D. _____

10e Other Member E. _____

10f Other Member F. _____

11 List any dependents who are in school or university:

11a Name: _____ Name of school/university: _____

Annual cost to attend: _____ Family contribution: _____ Inst.grant/loan/work: _____

11b Name: _____ Name of school/university: _____

Annual cost to attend: _____ Family contribution: _____ Inst.grant/loan/work: _____

11c Name: _____ Name of school/university: _____

Annual cost to attend: _____ Family contribution: _____ Inst.grant/loan/work: _____

12 Does your family own or rent your primary residence:

Own

Rent

Live with others

III. EMPLOYMENT INFORMATION OF INCOME EARNERS LISTED IN PART II ABOVE

13 INCOME EARNER A: _____

Family First Middle

13a Occupation: _____

13b Name of Employer: _____

13c Street address: _____

13d City: _____

13e State: _____

13f Postal code: _____

13g Country: _____

13h Telephone: (_____) _____

14 INCOME EARNER B: _____

Family First Middle

14a Occupation: _____

14b Name of Employer: _____

14c Street address: _____

14d City: _____

14e State: _____

14f Postal code: _____

14g Country: _____

14h Telephone: (_____) _____

15 INCOME EARNER C: _____

Family First Middle

15a Occupation: _____

15b Name of Employer: _____

15c Street address: _____

15d City: _____

15e State: _____

15f Postal code: _____

15g Country: _____

15h Telephone: (_____) _____

16 Additional information concerning employment: _____

(Attach additional sheets if necessary)

IV. INCOME FROM EMPLOYMENT IN NATIONAL CURRENCY

(For the most recent 12-month period)

	(i) Gross income	(ii) Income tax paid	(iii) Net Income
17 Father:	_____	_____	_____
18 Mother:	_____	_____	_____
19 Student:	_____	_____	_____
20 Spouse:	_____	_____	_____
21 Other (step-parent):	_____	_____	_____
22 Total:	_____	_____	_____

V. INCOME FROM PRIVATE BUSINESS

(For the past tax year. If more than one business, add the results of all businesses)

	(i) Revenue	(ii) Expenses	(iii) Profit (loss)	(iv) Number of employees
23 Father:	_____	_____	_____	_____
24 Mother:	_____	_____	_____	_____
25 Student:	_____	_____	_____	_____
26 Spouse:	_____	_____	_____	_____
27 Other (step-parent):	_____	_____	_____	_____
28 Total:	_____	_____	_____	_____

29 Type of private business (explanation/additional information for lines 23-28): _____

VI. OTHER INCOME

	(i) Pensions	(ii) Unemployment compensations	(iii) Alimony received	(iv) Social security benefits	(v) Rent
30 Father:	_____	_____	_____	_____	_____
31 Mother:	_____	_____	_____	_____	_____
32 Student:	_____	_____	_____	_____	_____
33 Spouse:	_____	_____	_____	_____	_____
34 Other (step-parent):	_____	_____	_____	_____	_____
35 Total:	_____	_____	_____	_____	_____

VII. TOTAL NET FAMILY INCOME

36 Total net family income (add lines 22, 28, 35): _____

VIII. ASSETS

Current savings (from bank accounts)

37 Father: _____

38 Mother: _____

39 Student: _____

40 Spouse: _____

41 Other (step-parent): _____

42 Total: _____

IX. OTHER ASSETS

43 Please provide a list of homes, apartments and land owned by members of your immediate family:

43a Owner: _____

Home / Apartment / Land: _____

Address: _____

City: _____ State: _____

Postal code: _____ Country: _____

43b Owner: _____

Home / Apartment / Land: _____

Address: _____

City: _____ State: _____

Postal code: _____ Country: _____

43c Owner: _____

Home / Apartment / Land: _____

Address: _____

City: _____ State: _____

Postal code: _____ Country: _____

44 Please provide a list of the automobiles owned by those living in your household:

44a Make: _____ Model: _____ Year: _____ License Number: _____

44b Make: _____ Model: _____ Year: _____ License Number: _____

44c Make: _____ Model: _____ Year: _____ License Number: _____

44d Make: _____ Model: _____ Year: _____ License Number: _____

X. TRAVEL INFORMATION

45 Please provide a list of countries you have visited and the purposes of the trip:

45a Country: _____ Purpose: _____ Date of trip: _____

45b Country: _____ Purpose: _____ Date of trip: _____

45c Country: _____ Purpose: _____ Date of trip: _____

45d Country: _____ Purpose: _____ Date of trip: _____

45e Country: _____ Purpose: _____ Date of trip: _____

45f Country: _____ Purpose: _____ Date of trip: _____

45g Country: _____ Purpose: _____ Date of trip: _____

54 Checklist of required documents to include with this form: All documents must be in English or Bulgarian. All documents enclosed become the property of AUBG and will not be returned. Missing documents invalidate the application for financial assistance.

	Documents Enclosed	Mother		Father		Applicant & other member(s) of the family	
		Yes	NA	Yes	NA	Yes	NA
a.	Gross and net income with monthly distribution up to date of application.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Copies of the Annual Tax Declarations for last year's taxable income.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Certificate proving absence of trade activities issued by the respective Tax Authorities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Certificates for family savings issued by the bank.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Certificates from the Bureau of Labor for the unemployed members of the family indicating the amount of unemployment compensation received.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	Certificates for pensions including the amount received.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	Copies of courts decisions in case of divorced parents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.	Alimony certificates, if applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i.	Copies of death certificate(s) in case of deceased parent(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j.	Certificates for medical disability or medical problems, if applicable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k.	Registration documents for all vehicles owned by members of the family or private business owned by family members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l.	Certificates of ownership for all property (homes, apartment or land) owned by family members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

XII. APPLICANT'S DECLARATION

I HAVE READ AND UNDERSTAND THE INSTRUCTIONS FOR THIS FORM. To the best of my knowledge, the information provided in this application is complete and correct. I understand that applications for financial aid that are incomplete or missing required documents are invalid. I understand that once this application is filed, I do not have the opportunity to submit additional documents or new application for financial assistance for the current year.

Signature of student: _____ Date: _____

Signature of parent or guardian: _____ Date: _____

Please send the completed form to: Admissions Office
 ABF Student Center
 American University in Bulgaria
 12 Svoboda Bachvarova St.
 Blagoevgrad 2700, Bulgaria