



# 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**

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	Current savings (from bank accounts)
37 Father:	_____
38 Mother:	_____
39 Student:	_____
40 Spouse:	_____
41 Other (step-parent):	_____
42 Total:	_____

**IX. OTHER ASSETS**

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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**

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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: \_\_\_\_\_

**XI. EXPECTED AMOUNT OF FINANCIAL CONTRIBUTION TOWARD YOUR EDUCATIONAL EXPENSES DURING THE NEXT ACADEMIC YEAR**

(Please estimate in US dollars using the current exchange rate.)

- 46 Immediate family: \$ \_\_\_\_\_
- 47 Scholarships (other than AUBG): \$ \_\_\_\_\_
- 48 Other relatives and friends: \$ \_\_\_\_\_
- 49 Private sponsors: \$ \_\_\_\_\_
- 50 Student's vacation earnings: \$ \_\_\_\_\_
- 51 Other: \$ \_\_\_\_\_
- 52 Total Financial Contribution: \$ \_\_\_\_\_

**XII. COMMENTS / EXPLANATORY NOTES**

53 Use the space below to add any comments or explanations regarding the contributions noted above. Also mention any special circumstances you think we should consider in determining the amount of assistance you might need. Include information and documentation on outstanding loans, mortgages, and rent paid.

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(Attach additional pages, if necessary)

**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