



Application for Financial Assistance 2020 / 2021 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: _____
Last First Middle
- 2 Gender: Male Female
- 3 Date of birth: _____ / _____ / _____
Month Day Year
- 4 Intended date of admission: Fall'20 Spring'21
- 5 Citizenship: _____
- 6 Country of residence: _____
- 7 City: _____

II. FAMILY INFORMATION

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

8 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)

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

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

10 List any dependents who are in school or university:

10a Name: _____ Name of school/university: _____

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

10b Name: _____ Name of school/university: _____

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

10c Name: _____ Name of school/university: _____

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

11 Does your family own or rent your primary residence:

- Own Rent Live with others

III. EMPLOYMENT INFORMATION OF INCOME EARNERS AND INCOME FROM EMPLOYMENT IN NATIONAL CURRENCY

(For the most recent 12-month period. Attach additional sheets if necessary.)

12 INCOME EARNER A: _____
Last First Middle

12a Relationship to applicant: _____

12b Age: _____

12c Occupation: _____

12d Name of Employer: _____

12e City: _____

12f Country: _____

12g Income:

Gross	Tax paid	Net

13 INCOME EARNER B: _____
Last First Middle

13a Relationship to applicant: _____

13b Age: _____

13c Occupation: _____

13d Name of Employer: _____

13e City: _____

13f Country: _____

13g Income:

Gross	Tax paid	Net

14 INCOME EARNER C: _____
Last First Middle

14a Relationship to applicant: _____

14b Age: _____

14c Occupation: _____

14d Name of Employer: _____

14e City: _____

14f Country: _____

14g Income:

Gross	Tax paid	Net

15 INCOME EARNER D: _____
Last First Middle

15a Relationship to applicant: _____

15b Age: _____

15c Occupation: _____

15d Name of Employer: _____

15e City: _____

15f Country: _____

15g Income:

Gross	Tax paid	Net

16 Total income:

Gross	Tax paid	Net

17 Additional information concerning employment: _____

IV. INCOME FROM PRIVATE BUSINESS

(For the past tax year. If more than one business, list the results of each business separately. Attach additional sheets if necessary.)

	Company 1	Company 2	Company 3	Company 4	Total:
18 Owned by:	Income earner ___	Income earner ___	Income earner ___	Income earner ___	
19 Company name:					
20 % owned:					
21 City:					
22 Country:					
23 Revenue:					
24 Expense:					
25 Profit (loss):					
26 # of employees:					
27 Total assets:					
28 Equity (net assets):					

29 Type of private business (explanation/additional information for lines 18-28): _____

V. OTHER INCOME

	Income earner A:	Income earner B:	Income earner C:	Income earner D:	Total:
30 Pensions:					
31 Unemployment compensations:					
32 Alimony:					
33 Social security benefits:					
34 Rent:					
35 Dividend:					
36 Capital gains:					
37 Interest:					
38 Other (specify):					
39 Total:					

VI. TOTAL NET FAMILY INCOME

40 Total net family income (add lines 16 + 39):

VII. SAVINGS

Current savings (from bank accounts):

41	Income earner A:	
42	Income earner B:	
43	Income earner C:	
44	Income earner D:	
45	Total:	

VIII. REAL ESTATE

	Owner:	Property type Agricultural Land/Urbanized Land/House/Apartment	City Property Address	Country Property Address	m ²
46	Income earner __				
47	Income earner __				
48	Income earner __				
49	Income earner __				

IX. ASSETS

50 Please list all automobiles owned by those living in your household:

	Maker:	Model:	Year:	License number:
50a				
50b				
50c				
50d				

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

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

51	Immediate family:	
52	Scholarships (other than AUBG):	
53	Other relatives and friends:	
54	Private sponsors:	
55	Student's vacation earnings:	
56	Other:	
57	Total :	

XI. COMMENTS / EXPLANATORY NOTES

58 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.

Lined area for providing comments or explanations.

(Attach additional pages, if necessary)

XII. 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.

Mark **Y** if the document is enclosed. Mark **N/A** if the document does not apply to your situation.

Documents enclosed		Income earner A		Income earner B		Income earner C		Income earner D	
		Y	N/A	Y	N/A	Y	N/A	Y	N/A
A	Gross and net income with monthly distribution up to date of application.	Y	N/A	Y	N/A	Y	N/A	Y	N/A
B	Copies of the Annual Tax Declarations for last year's taxable income.	Y	N/A	Y	N/A	Y	N/A	Y	N/A
C	Declaration proving absence of trade activities. Template is available on the AUBG website.	Y	N/A	Y	N/A	Y	N/A	Y	N/A
D	Certificates for family savings issued by the bank.	Y	N/A	Y	N/A	Y	N/A	Y	N/A
E	Certificates from the Bureau of Labor for the unemployed members of the family indicating the amount of unemployment compensation received.	Y	N/A	Y	N/A	Y	N/A	Y	N/A
F	Certificates for pensions including the amount received.	Y	N/A	Y	N/A	Y	N/A	Y	N/A
G	Copies of courts decisions in case of divorced parents.	Y	N/A	Y	N/A	Y	N/A	Y	N/A
H	Alimony certificates, if applicable	Y	N/A	Y	N/A	Y	N/A	Y	N/A
I	Copies of death certificate(s) in case of deceased parent(s).	Y	N/A	Y	N/A	Y	N/A	Y	N/A
J	Certificates for medical disability or medical problems, if applicable.	Y	N/A	Y	N/A	Y	N/A	Y	N/A
K	Registration documents for all vehicles owned by members of the family or private business owned by family members.	Y	N/A	Y	N/A	Y	N/A	Y	N/A
L	Certificates of ownership for all property (homes, apartment or land) owned by family members.	Y	N/A	Y	N/A	Y	N/A	Y	N/A

XIII. 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. I understand that:

- the information I have provided will be verified and audited;
- any omissions or inaccurate information could jeopardize my admission at AUBG and entitle AUBG to claim the repayment of all financial aid provided;
- the information supplied in this application will be stored in AUBG's financial aid database and the information will be used for determining financial need.
- I may be denied financial assistance if I make a false or misleading statement in this application or I do not comply with a request from Financial Aid Office to provide information or documents so that the information in this application may be verified.

Signature of student: _____

Date: _____
(month, day, year)

Signature of parent or guardian: _____

Date: _____
(month, day, year)