Financial Assistance Program Guidelines

Fall 2012

The applicant and/or family have the primary responsibility for fees and tuition payments to the university. However, the Financial Assistance Program (FAP) at the American University of Afghanistan (AUAF) is available to assist those students who have demonstrated a genuine financial need. The university’s resources for such financial aid are limited and vary for each semester for both the Undergraduate and Foundation Studies Programs. This means that students must reapply once per year for financial assistance consideration.

AUAF has developed a financial assistance policy to help as many applicants as possible. There are several principles that AUAF follows:

- Each student or family must contribute financially to the cost of the university education.
- All financial applications, reviews, and awards are confidential and are final.
- Financial assistance criteria include entry test scores, academic records, gender and financial need. Based on the student’s academic performance, financial needs and AUAF’s current policies for financial assistance, the Financial Assistance Committee will award assistance accordingly.
- Financial Assistance Application forms will be used for one year for both the Undergraduate and Foundation Studies Programs. There is no guarantee of financial assistance for ongoing study.
- Students must be full-time students in order to qualify for financial assistance. Meaning Undergraduates must maintain a minimum of 9 credits and Foundation Studies students must attend full-time.
- Students must show steady improvement in all courses and be serious students to keep financial assistance throughout their Undergraduate and/or Foundation Studies course of study. Previous term grade point average (GPA) in the Undergraduate program must be a minimum of 2.00 to be eligible to apply and receive financial assistance. Foundation Studies Program students must be on good standing with the university to be eligible to apply and receive financial assistance.
- All day students that are found eligible for financial assistance can apply for the Work Study program. See the Office of Student Affairs for questions related to the Work Study Program.
- Financial assistance awards cannot be transferred to other students or family members.
- AUAF believes that not telling the truth or misrepresenting facts regarding income or assets in order to receive financial assistance is dishonest and equivalent to theft and will result in cancellation of financial aid and potentially other penalties such as exclusion from the university.
- In order to verify a student’s accuracy, AUAF may contact employers, friends, relatives or the Government of Afghanistan.
- House visits could be scheduled to further assess the applicant’s financial need.

Instructions:
1. Application Deadline: August, 15, 2012
2. Please complete this form in full. Please read and review the form carefully before you fill in any information and include all information that is requested.
3. All monetary questions must be answered in AFN Afghanis, NOT USD.
4. If a question does not apply to you, mark it N.A.
5. If you are unable to complete any section of the application or send any of the required documentation, please explain why in writing.
6. Failure to submit documents necessary to validate your financial need may result in a lower financial aid package.
7. Submitting an incomplete application and without the required documentation will cause your application to be delayed or denied.
Confidentiality of information provided to AUAF on this application for Financial Aid or in the supporting documents is used solely by the Financial Aid Committee to determine and award amount for the perspective student and is otherwise kept strictly confidential.

False information - All information that you supply in this application will be verified by the Financial Aid Committee members who are both local and international staff at AUAF. If this application is found to have any false or misleading information, financial aid awards WILL BE denied or revoked and you may be subject to dismissal from AUAF without the right of appeal, without prejudice to other measures stipulated in any Afghan Laws or Regulations as dictated by the Government of the Islamic Republic of Afghanistan.

Documents Required - CHECKLIST

☐ 1. Recent original employment contract(s) for job(s) held by each earning member of the family clearly stating occupation, job title, years of service, and number of months payable.

☐ 2. Photocopy of all documents for all vehicles owned by members of the family, including yourself.

☐ 3. Bank account statements for all employed family members and self. All statements must be from the most current month.

☐ 4. Certificates of ownership and rental for all property (homes, apartments, businesses or land).

☐ 5. Any additional document that would support the application for Financial Aid.

Address
American University of Afghanistan
Darulaman Road
Kabul, Afghanistan

Contact
+93(0)794-558-926
Email: st.finance@auaf.edu.af
Website: www.auaf.edu.af

AUAF official use:
Application Received by:
Employee Name: _______________________
Signature: __________________________
Date: ______________________________

Student ID: __________________________

I certify that all the information provided in this sheet is complete and true. Student's Signature:____________________
Application for Financial Assistance

PART I. STUDENT INFORMATION

Student ID Number: ____________

Student GPA/Test Score: ____________

Program Applied For (tick one): ☐ Undergraduate Program ☐ Foundation Studies Program

If you checked the Undergraduate program, what is your intended program of study?
☐ Business Administration ☐ Information Communication Technology ☐ Accounting
☐ Political Science & Public Administration

If you checked the Foundation Studies Program (FSP), what is your further intention?
☐ Improving your English ☐ Continuation to UG program

Full Name: ____________________________________________

Last name    First name    Other name

Gender: ☐ Male ☐ Female

Marital status: ☐ Single ☐ Married ☐ Widowed ☐ Divorced

Address: ____________________________________________

Area    Street    City

Nationality: ____________________________________________

Province: ____________________________________________

E-mail: ____________________________________________

Cell phone: ____________________________________________

Do you live at AUAF dormitory? ☐ Yes ☐ No

Please provide a list of countries you have visited in the last ten years and the purpose of the trip:

1. Country: __________________________ Purpose: ___________________________
2. Country: __________________________ Purpose: ___________________________
3. Country: __________________________ Purpose: ___________________________
4. Country: __________________________ Purpose: ___________________________

I certify that all the information provided in this sheet is complete and true. Student's Signature: ________________

Page 3 of 8
Current work Status: [ ] Employed  [ ] Self-Employed  [ ] Unemployed

Job title:______________________________________ Employer’s name:______________________________________________

Employer’s Address_________________________ Director’s Name: ______________________________

E-mail: ____________________________________ Cell Phone:_____________________________________________________

Are you currently paying taxes to the Government of the Islamic Republic of Afghanistan? [ ] Yes  [ ] No

If No, then why not? _____________________________________________________________________________________

**PART II. FAMILY INFORMATION**

List the family members sharing the same household with the student:

<table>
<thead>
<tr>
<th>No.</th>
<th>Full Name</th>
<th>Relationship to the student</th>
<th>Occupation</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
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<td></td>
</tr>
</tbody>
</table>

1. Spouse’s full name: _____________________________ / _____________________________ / _____________________________

   Last name               First name                Other name (i.e. Tribal Name)

Current work Status: [ ] Employed  [ ] Self-Employed  [ ] Unemployed

Occupation:______________________________________ Employer’s name:______________________________________________

Employer’s Address__________________________________________________________

E-mail: ____________________________________ Cell Phone:_____________________________________________________

[ ] Unemployed (state reasons): ______________________________________________________________

2. Father’s full name: _________________________________________________________________

   Last name               First name

*I certify that all the information provided in this sheet is complete and true. Student’s Signature:________________________

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I certify that all the information provided in this sheet is complete and true. Student's Signature: ____________________

Current work Status:  □ Employed  □ Self-Employed  □ Unemployed

Occupation: ____________________________ Employer’s name: ____________________________

Employer’s Address: ____________________________

E-mail: ____________________________ Cell Phone: ____________________________

□ Unemployed (state reasons): ____________________________

3. Mother’s full name: ____________________________

Current work Status:  □ Employed  □ Self-Employed  □ Unemployed

Occupation: ____________________________ Employer’s name: ____________________________

Employer’s Address: ____________________________

E-mail: ____________________________ Cell Phone: ____________________________

□ Unemployed (state reasons): ____________________________

**PART III. FINANCIAL INFORMATION**

Student’s income: ___________ AFN per year

Spouse’s income (provide a copy of the contract): ___________ AFN per year

Father’s income (copy of contract): ___________ AFN per year

Mother’s income (copy of contract): ___________ AFN per year

Income of other family members sharing household (enter below with the name of the relative):

_________________________________________ AFN per year

_________________________________________ AFN per year

_________________________________________ AFN per year

Total student’s and his/her family’s income: ____________________________ AFN per year

**Assets**

1. Family/self Owned Properties (enter who owns the property):

<table>
<thead>
<tr>
<th>Location</th>
<th>Estimated Present Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>House(s)</td>
<td>________________________</td>
</tr>
</tbody>
</table>

I certify that all the information provided in this sheet is complete and true. Student's Signature: ____________________
Business: ___________________________ ___________ AFN
Land: ___________________________ ___________ AFN

2. Family/self Owned Vehicle(s)

<table>
<thead>
<tr>
<th>Owner</th>
<th>Model / Year</th>
<th>Estimated Present Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>____________</td>
<td>_____________ AFN</td>
</tr>
<tr>
<td>2.</td>
<td>____________</td>
<td>___________ AFN</td>
</tr>
<tr>
<td>3.</td>
<td>____________</td>
<td>___________ AFN</td>
</tr>
</tbody>
</table>

3. Personal Laptop

<table>
<thead>
<tr>
<th>Owner</th>
<th>Model / Year</th>
<th>Estimated Present Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>____________</td>
<td>_____________ AFN</td>
</tr>
<tr>
<td>2.</td>
<td>____________</td>
<td>___________ AFN</td>
</tr>
<tr>
<td>3.</td>
<td>____________</td>
<td>___________ AFN</td>
</tr>
</tbody>
</table>

4. Cash Savings

<table>
<thead>
<tr>
<th>Name of Bank</th>
<th>Total Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>_____________ AFN</td>
</tr>
<tr>
<td>2.</td>
<td>___________ AFN</td>
</tr>
</tbody>
</table>

Total value of all Assets: ___________________________ AFN

How much will the student, employer, family or others contribute towards tuition?

(a) Self: ___________ AFN or _____ %
(b) Employer: ___________ AFN or _____ %
(c) Family: ___________ AFN or _____ %
(d) Others: ___________ AFN or _____ %

I certify that all the information provided in this sheet is complete and true. Student’s Signature: ___________________________
The university has the right to review and examine the reliability of information provided by the student in this application by referring to official documents and place of work and/or residence. **Giving wrong or false information will result in financial assistance being rejected or stopped and may result in other penalties such as exclusion from the university.** To be eligible for ongoing financial assistance, it is necessary to display a steady improvement in all courses.

I certify that all the information provided in this application is complete and true. I understand that any misrepresentation or omission on my part may result in cancellation and/or denial of admission and/or financial assistance. I understand that the American University of Afghanistan (AUAF) has the right to deny financial support to anyone whom it considers not qualified. Upon request, I am ready to provide AUAF with documents proving the information provided in this application is complete and true. I authorize AUAF to make any necessary inquiries for the purposes of evaluating my financial assistance application. I accept the terms and conditions as set out by the AUAF.

Name of student: ______________________________Signature:__________________Date: ______________

Name of the parent(s): __________________________Signature:__________________Date: ______________

Wakeel Guzar: ______________________________Signature and Stamp:__________________

Phone: No: ______________________________
Dear Employer:

The American University of Afghanistan makes great strides to provide all students with the appropriate amount of financial assistance. In order to help our effort, we are kindly requesting an official statement of salary for the above named employee who has listed you as his/her employer. For your convenience, we have included a space (Section 2) at the bottom of this letter to be filled out by the student’s employer confirming his/her salary.

Sincerely,

Student Finance Office
American University of Afghanistan

Section 2

_______________________ is an employee of ____________________________ in the
Name of Employee Name of Company

Position of __________________ and earns an annual salary of ____________ AFN.

_________________________________ Date
Name of Authorized Company Representative

___________________________________ Email address
Signature of Authorized Company Representative

Phone #

I certify that all the information provided in this sheet is complete and true. Student’s Signature: ____________________