

Financial Assistance Program Guidelines

SPRING 2019

The Financial Assistance Program (FAP) at the American University of Afghanistan (AUAF) is available to assist those students who demonstrate genuine financial need and good academic performance. The university's resources for such financial aid are **limited** and **vary** for each semester. This means that students must reapply once each year for financial assistance.

Financial Assistant Program Overview:

- Each student or family must contribute financially to the cost of their university education.
- All financial applications, reviews, and awards are confidential.
- Criteria used in evaluating financial aid include: test scores, academic records.
- Financial Assistance Application forms are valid only for one academic year, unless otherwise instructed by Student Finance Office. There is no guarantee of financial assistance for the duration of a student's time at AUAF.
- Only full time (minimum of nine credits each semester) students are considered for financial assistance.
- Students must show steady improvement in all courses to be considered for recurring financial aid over the time of their study at AUAF. Students with GPAs in the UG and Academy program of less than 2.00 are not eligible to receive financial assistance.
- All day students that are found eligible for financial assistance can apply for the Work Study program, which allows students to work to offset the cost of their education.
- Financial assistance cannot be transferred to other students or family members.
- Misrepresenting facts on this form will result in the immediate cancellation of all aid as well as penalties up to expulsion from the university.
- You should not have any outstanding balance as of date of submission of this application, in case of any outstanding balance, your application will not be accepted.

Instructions:

1. Application Deadline: ***Sunday, January 27, 2019***
2. Please read and review the form carefully before you complete it. All fields must be filled.
3. All payments are processed in AFs only.
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 accordingly in your application.
6. Failure to submit documents necessary to validate financial need may result in a lower financial aid package.
7. Submitting an incomplete application without the required documentation will cause your application to be delayed or denied.

Confidentiality. Information provided to AUAF on this application or in the supporting documents is used solely by the Financial Aid Committee to determine and award aid. All information is kept strictly confidential.

False information. Providing false information on this form will result in the immediate cancellation of all aid and may result in expulsion from the university without the right of appeal.

Documents Required – CHECKLIST

- 1. Photocopy of AUAF ID Card.
- 2. Photocopy of National Identity Card (Tazkera)/Passport.

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

**For official use only:
Application Received by:**

Employee Name: _____

Student ID: _____

Signature: _____

Date: _____

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

Application for Financial Assistance - FALL 2018

PART I. STUDENT INFORMATION

Student ID Number: _____

Student GPA/Test Score: _____

Paste recent
colored Passport
– size
photograph

What is your intended field of study?

Business Administration Information Communication Technology

Political Science & Public Administration Law

Full Name: _____
Last name
First name
Other name

Gender: Male Female

Marital status: Single Married Widowed Divorced

Current Address: _____ / _____ / _____
Area
Street
City

Nationality: _____ Province: _____

_____ / _____ / _____
E-mail
Cell phone
the High School

_____ / _____ / _____
Address of High School
Name of Province

Are you: First Time Student: Returning Student: Transfer Student:

Previous College or University Attended: _____ Expected Graduation Date: _____

Do you live in 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: _____

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

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, why not? _____

PART II. FAMILY INFORMATION

List all family members sharing the same household:

No.	Full Name	Relationship to the student	Occupation	Organization
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

How much outstanding balance do you have as of submission of this Application: _____

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 ID & Signature: _____

Which external organizations have you applied for or received financial aid from: _____

What actions have you taken to financially prepare for the cost of university: _____

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 unqualified. 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 these terms and conditions.

Name of student: _____ Signature: _____ Date: _____

Name of parent(s): _____ Signature: _____ Date: _____

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