

## Financial Assistance Program Guidelines

### FALL 2018

The Financial Assistance Program (FAP) at the American University of Afghanistan (AUAF) is available to assist those students who demonstrate genuine financial need and academics. 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, and gender.
- 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 program of less than 2.00 are not eligible to receive financial assistance.
- Financial Aid Program (FAP) is not covering repeated courses (including withdraw, failed, repeats).
- 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: ***Wednesday, August 29, 2018 – late documents will not be accepted.***
2. Please read and review the form carefully before you complete it. All fields must be filled.
3. All payments are processed in AFN 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. Student personal Bank account statement.

**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

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**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: \_\_\_\_\_*

**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 (BBA)
- \_\_\_ IT Computer Science
- \_\_\_ Law
- \_\_\_ Political Science / Public Administration

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: \_\_\_\_\_

Current work Status:  Employed  Self-Employed  Unemployed

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

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				

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 (statereasons): \_\_\_\_\_

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 ID & 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): \_\_\_\_\_

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 _____ %

**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 sheet is complete and true. Student's ID & Signature:* \_\_\_\_\_

**PART III. STUDENT BANK ACCOUNT INFORMATION**

Account Number: \_\_\_\_\_ Account Name: \_\_\_\_\_ House number: \_\_\_\_\_  
Street Name and No: \_\_\_\_\_ City/Province/State: \_\_\_\_\_ Post code: \_\_\_\_\_  
Country: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Nationality: \_\_\_\_\_ NID or Passport No: \_\_\_\_\_  
Bank address: \_\_\_\_\_

*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: \_\_\_\_\_*