FOR OFFICIA	AL USE ONLY	
DATE RECEIVED:		
ID #:		

2020-2021 ACADEMIC YEAR

PRIVACY STATEMENT: Our security practices and procedures ensure the confidentiality of the personal and financial information you provide. AUA will not disclose your information to anyone except as necessary to administer our tuition assistance program.

VERIFICATION: Any information submitted as part of this application is subject to verification by AUA. Please complete the entire application in English; typed or completed in ink. No pencil.

TUITION ASSISTANCE

The ultimate goal of the Tuition Assistance Program is that no Armenian citizen admitted to AUA will be denied study because of demonstrated financial needs as determined by the AUA Financial Aid committee based on a number of factors. To receive tuition assistance a student must meet the following criteria:

- Must be an Armenian citizen
- Must be a full-time student

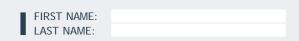
Additional information concerning tuition assistance:

- Tuition assistance awards do not have to be repaid
- Awards can range from 0%-90% of total tuition costs, depending on the financial need of an individual student and the availability of funds

Awards are made for one academic year (two semesters) *, provided that the recipient remains in good academic standing with a cumulative GPA of 3.0 for Graduate programs (2.0 for Undergraduate) or above, and is enrolled as a full time student.

1. STATUS				
STATUS	PROGRAM/DEPARTMENT	YEAR OF STUDY	1ST CHOICE	2ND CHOICE
CURRENT AUA STUDENT			_	_
AUA APPLICANT GRADUATE DEGRE	Е			
UNDERGRADUATE DEGREE				
FULL LEGAL NAME				
2. STUDENT BIOG	GRAPHICAL INFORMATIC	N		
LAST NAME	FIRST NAI	ME		MIDDLE NAME
MAIDEN NAME OR OTHER PREVIOU	ISLY USED NAMES			
	☐ Divorced ☐ Separated ☐	Widowed 🔲 Other (p	olease explain):	
DATE OF BIRTH mm/d.d./uu				
PLACE OF BIRTH				
CITY	COUNTRY	,		
CITIZENSHIP (LIST ALL THAT APPLY)				
LOCAL ADDRESS				
STREET ADDRESS (INCLUDING FLOO	R AND APARTMENT NUMBER)			
TOWN	ZIP CODE		C	OUNTRY
HOME PHONE	CELL PHO	NE	P	ARENTS PHONE
E-MAIL ADDRESS (PLEASE PRINT LEG	GIBLY)			

^{* *} Awards may be adjusted correspondingly for MBA, MSE and MSSM program recipients. (MSSM students apply for TA for the full duration of the program, whereas MBA and MSE students are awarded TA for 3 semesters for the 1st year of studies, 4 and 2 semesters for the 2nd year of studies correspondingly.)



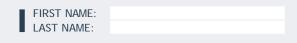
residence (PLEASE CHECK ALL THAT APPLY) With Family (rented residence/no rent)	Rented apartment/hou	4211
Alone or with non-relatives	Family owned apartme	ent/house
PARENTS' ADDRESS STREET ADDRESS (INCLUDING FLOOR AND APARTMENT NUMBER)		
ZIP CODE	TOWN	COUNTRY
HOME TELEPHONE	CELL PHONE	
STUDENT'S ADDRESS STREET ADDRESS (INCLUDING FLOOR AND APARTMENT NUMBER)		
ZIP CODE	TOWN	COUNTRY
HOME TELEPHONE	CELL PHONE	
3. TUITION ASSISTANCE TO BE FILL This form is to be submitted with the following doo Please Make Sure You Have: Complete application form and submit	cuments. If any documents are not a	
Submitted signed and sealed income st	atements for each employed h	ousehold member.
Submitted a copy of your passport and	copies of both parents' passpor	rts (all pages).
Submitted copies of ownership certification	ites for any assets.	
Submitted a copy of car registration cer	tificate (if applicable).	
Provide the receipts from the past 3 month	ns of your household utility pa	ayments.
Provided information on grandparents ' (if grandparents are members of the		on amounts in the total income calculations
Provided information on past tuition ex	penses, for yourself and/or sibl	lings.
Statement of family financial support	(yntanekan npast), if applicable	е.
Bank statement certificate of savings,	if applicable.	
Relevant loan mortgage contract schedu	ules (if applicable).	
Provide ACRA Credit Report for each paren	t and the applicant (aged 18 and	labove)
(https://acra.am)		
f applying as an independent student, mak	ke sure you have	
Reported your own information.	☐ Me	edical documents.
☐ Included information for your spouse and	children, if applicable Co	mpleted appendix (on the last pages of the application
4. EMPLOYMENT INFORMATION FULL LEGAL NAME	OF FATHER/GUARDIA	N
LAST NAME	FIRST NAME	MIDDLE NAME
DATE OF BIRTH		
mm/dd/yy		
MARRIAGE STATUS Single Married Divorced Sep	parated Widowed Other	er (please explain):
CURRENT WORK STATUS		4

ī	FIRST NAME:	
	LAST NAME:	

	MPLOYMENT			
			Full-time	Part-time
DB TITLE/POSITION		INSTITUTION/EMPLOYER'S NAME		
FREET ADDRESS (INCLUDING F	LOOR AND APARTMENT NUMBER)			
IP CODE		TOWN		COUNTRY
VORK PHONE				
SECONDARY EMPLOYMENT	(IF APPLICABLE)			
TARTING DATE OF CURRENT EI	MPLOYMENT		Full-time	Part-time
OB TITLE/POSITION		INSTITUTION/EMPLOYER'S NAME	i uii-tiiiie	r ai t-tillie
STREET ADDRESS (INCLUDING F	LOOR AND APARTMENT NUMBER)			
ZIP CODE		TOWN		COUNTRY
VORK PHONE				
F CURRENTLY NOT WORKING	(IFAPPLICABLE)			
Unemployed	Stopped working:	m m /d d /1111		
	Stopped working: STATEMENT WITH DOCUMENT(S)	ining attributes		
·				
Retired	Pension received, it	f any (Include retirement do	ocument(s):	
INFORMATION ON PREVIOUS EITTLE/POSITION	MPLOYMENT PLACE OF WORK	PERIOD OF W	IOPK 555	VIOUS ANNUAL INCOME
	T INFORMATION O	F MOTHER/GUARD	IAN	
5. EMPLOYMEN' FULL LEGAL NAME LAST NAME	T INFORMATION O	FIRST NAME	IAN	MIDDLE NAME
FULL LEGAL NAME LAST NAME	T INFORMATION O		IAN	MIDDLE NAME
FULL LEGAL NAME LAST NAME DATE OF BIRTH	T INFORMATION O		IAN	MIDDLE NAME
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DATE OF BIRTH		FIRST NAME	IAN ther (please explain):	
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FIRST NAME:	
LAST NAME:	

	MPLOYMENT		☐ Full-time	☐ Part-time
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		70.00		
P CODE		TOWN		COUNTRY
ORK PHONE				
CURRENTLYNOTWORKING	(IFAPPLICABLE)			
Unemployed		g: mm/dd/yy		
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Retired	Pension received	d, if any (Include retirement doc	cument(s):	
NFORMATION ON PREVIOUS E	MPLOYMENT			
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	EMPLOYMENT IN	IFORMATION (IF ANY)		
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TLE/POSITION	EMPLOYMENT PLACE OF WORK	PERIO	DOFWORK	PREVIOUS ANNUAL INCOME
. STUDENT'S	SPOUSE EMPLOYMENT	INFORMATI	ON (IF MARI	RIED)
CURRENT WORK STATUS				
	nemployed Self-employed	Retired (Other:	
PRIMARY EMPLOYMENT (I				
STARTING DATE OF CURRENT				
OB TITLE/POSITION	10	NSTITUTION/EMPLOYER'S	Full-t	ime Part-time
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TREET ADDRESS (INCLUDING	FLOOR AND APARTMENT NUMBER)			
ZID CODE		OWN		COLINITRY
ZIP CODE	11	OWN		COUNTRY
WORK PHONE				
SECONDARY EMPLOYMEN	IT (IF APPLICABLE)			
STARTING DATE OF CURRENT				
OB TITLE/POSITION	IA	USTITUTION /ENABL OVER/S	Full-ti	me Part-time
OB TITLE/POSITION	יוו	NSTITUTION/EMPLOYER'S I	VAIVIE	
TREET ADDRESS (INCLUDING	FLOOR AND APARTMENT NUMBER)			
ZIP CODE		OWN		COUNTRY
in code	''	3 7 7 7 7		COONTIN
WORK PHONE				
F CURRENTLY NOT WORKIN	G(IFAPPLICABLE)			
		1331		
Unemployed	Stopped working: mm,	/aa/yy		
MALE NEWSON (SUPPORT YOU	WALVERING MILLI POCOMIENT(2)			
	Pension received, if any	(Include retireme	ant document(s)	
Ratirad		(morade retirellie	in document(s).	
Retired NFORMATION ON PREVIOUS	EMPLOYMENT			



NAME	BIRTH YEAR	SCHOOL	CLASS	ANNUAL TUIT	TION FEES
FINANCIAL SUPPORT YOU RECEI SOURCEOFFUNDS	VE FOR YOUR CHILDREN	BENEFICIARY		AMOUNT	
	ATION INFORM		dudin vara 16		
	RTH YEAR EDUCATI	ling School/University, inc on/ NAME OF SCHOOL UNIVERSITY		FINANCIAL AID RECEIVED/ SOURCE	EXPECTED GRADUATION
dines uho ono not uni					
olings who are not univ	BIRTH YEAR	EDUCATION, IF ANY (UNIVERSITY DEGREE ANI GRADUATION YEAR)	WORKING/NOT WO		TION (CURRENT YEA . INCOME

FIRST N	NAME:	
LAST N	AME:	

10. HOUSEHOLD I	INI ORIVIATION			
		in the household, not neces		
	hold other than studen	t. Attach additional sheets i		
NAME		RELATIONSHIPTO YOU	THEIR WORK ST	ATUS
		PARENT SIBLING	EMPLOYED UNEMPLOYED	
		OTHER		
		PARENT	EMPLOYED	
		☐ SIBLING ☐ OTHER	☐ UNEMPLOYED ☐ RETIRED	
			OTHER	
		PARENT	EMPLOYED	
		SIBLING OTHER	UNEMPLOYED RETIRED	
			OTHER	
		☐ PARENT ☐ SIBLING	EMPLOYED J UNEMPLOYED	
		OTHER		
			E OTTER	
11. ASSETS				
Currently Owned propert	ies and/or Assets sold			
LIST ALL OWNED IN EACH CATEGORY	LOCATION/ADDRESS	AREA (SQ.M.)	YEAR PURCHASED OR INHERITED	ESTIMATED PRESENT VALUE IF OWNED OR AMOUNT RECEIVED FOR PROPERTY SOLD
Business				
Home/Apartment(s)				
Summer/vacation property				
Building(s)				
Land				
Family Cars (including the	e student's)			
OWNER	MAKE/MODEL/YEAR	PURCHASE COST	YEAR BOUGHT	PRESENT VALUE

2020-2021 ACADEMIC YEAR

12. FINANCIAL INFORMATION/HOUSEHOLD ANNUAL INCOME FOR 2019

Family Annual Income for all people living in household. The source of income of the family must be specified even if parents are unemployed.

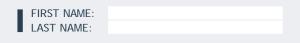
ESTIMATED ANNUAL NET INCOME		2019 (only in AMD)	OFFICE USE ONLY
Father's take-home (net) salary:			
Father's pension/retirement salary, if retired:			
Mother's take-home (net) salary:			
Mother's pension/retirement salary, if retired:			
Student's take-home (net) salary:			
Spouse's take-home (net) salary:			
Total take-home (net) siblings' salary:			
Grandparents' pension / salary (net)			
Government support/subsidies (disability, child support, lost aid, etc. refer to appendix)	breadwinner, social package,		
Family savings:			
Annual interest on savings, if any:			
ALL INCOME FROM ASSETS, PLEASE PROVIDE DOCUMENTS TO S	SUPPORT YOUR STATEMENT:		
Rent of building or other property, explain	>>>		
Land, explain	>>>		
Income from other assets, explain	>>>		
Scholarships (for any family member)	>>>		
ALL ANNUAL INCOME FROM OTHER SOURCES, PROVIDE DOCUM	ENTS TO SUPPORT YOUR STATEM	IENT:	
Help from family, explain	>>>		
Help from institutions, or organizations (ex. FAR, Youth Foundation of Armenia, etc.) explain	>>>		
Loan (agriculture and farm, consumer, mortgage overdraft, etc.)	>>>		
Pawn	>>>		
Debts	>>>		
Non registered untaxed income (tutoring, sale of agricultural products, sale of art and craft household items, jewelry, etc.)	>>>		
Other, explain	>>>		
TOTAL ESTIMATED ANNUAL INCOME			
TOTAL ESTIMATED VALUE OF ASSETS			

20**20** - 2021 ACADEMIC YEAR

FIRST NAME:	
LAST NAME:	

13. HOUSEHOLD ANNUAL EXPENSES FOR 2019

	AMOUNT	OFFICE USE ONLY
Rent, including homes, winter and/or summer resort(s) and business (include rent for applicant if not living with parent)		
FOOD (ESTIMATE)		
CLOTHING (ESTIMATE)		
Tuition for self (at all institutions)		
Tuition for subling (at all institutions)		
Tutoring expenses (including entrance exams, extra curricular activities like sports, music, etc. for all family members)		
Transportation		
Books and supplies (estimate)		
Car(s) expenses, include fuel, repairs, car insurance, etc. (estimate)		
Medical expenses		
Electricity bills (average)		
Water bills (average)		
Telephone bills (include all landlines and cell phones)		
Internet, cable TV		
Gas bills (average)		
Maintenance, building/house/apartment (estimate)		
Personal and home hygiene		
Traveling expenses		
OTHER EXPENSES: MUST BE SUPPORTED WITH DETAILED AND CERTIFIED DOCUMENTS		
Housing loan		
Car loan		
Other (household items, phone, laptop, etc.)		
Other expenses related to relatives not in the household		
Other, specify		
TOTAL ANNUAL EXPENSES		



OTHER PERSON(S) EXPECTED TO A	ASSIST YOU WITH YOUR EDUCATION EXPENSES	
NAME	RELATION	ADDRESS
TELEPHONE		AMOUNT
OTHER EXPECTED FORMAL SOURCE	CES OF FINANCIAL ASSISTANCE. SPECIFY SOURCE AND NAME OF	ORGANIZATION OR PERSON.
NAME	RELATION	ADDRESS
TELEPHONE		AMOUNT
FOR OFFICE USE ONLY		

TUITION ASSISTANCE APPLICATION 2020 - 2021 ACADEMIC YEAR

	FIRST NAME:	
	LAST NAME:	

15. STATEMENTS

If there are any special family circumstances, such as medical expenses, that will describe your situation more accurately, please explain in the space below and submit supporting documents, receipts.

- u Please explain how you and/or your sibling(s) paid for undergraduate studies.
- u If expenses are higher than your income, give a detailed explanation as to how your family pays the outstanding debt

TUITION ASSISTANCE APPLICATION 2020 - 2021ACADEMIC YEAR

FIRST NAME:	
LAST NAME:	

Do you expect any changes in your income in 2020 (e.g. are you resigning from a job because you are becoming a full-time student, are you or a family member are expecting a salary increase, etc.)

TUITION ASSISTANCE APPLICATION 2020 - 2021 ACADEMIC YEAR

FIRST NAME:	
LAST NAME:	

Please explain in full why you are applying for tuition assistance.



SIGNATURE OF STUDENT APPLICANT

FIRST NAME:	
LAST NAME:	

DATE

16. ALL APPLICANTS MUST READ THE FOLLOWING PARAGRAPH AND SIGN BELOW

is application were completed by me and the information, to the best of I understand that any misrepresentations or material omission made on lidate this application and cancel any tuition assistance awarded to me at g through relevant authorities, of all statements contained herein and will gree to a home visit when requested.
hereby authorize AUA to release my transcript of grades to scholarship donors for possible scholarships.
rill jeopardize the applicant's tuition assistance status. The application will arents refuse to provide any document related to this application requested

Please 'tick mark' the box as applicable

e you a	YES	NO
Student under the age of 23 without parental care	0	0
Student with 1 st degree handicap	0	0
Student with 2 nd degree handicap	0	0
Student up to the age of 18 years handicapped from childhood	0	0
Student who is a child of a deceased serviceman	0	0
Student injured while being on mandatory military service	0	0
Student, 23 years old or younger, who was left without parental care at the age of 18 or later	0	0
Student under the age of 23 who has only one parent	0	0
Student from a family which has 3 or more minors	0	0
Student from a family which has 3 or more (university/college/vocational school) students	0	0
Student from a family which has 2 students paying tuition	0	0
Student from a family which has 3 or more students paying tuition	0	0
Student who has parents with 1st or 2nd degree handicap including handicapped azatamartik parent	0	0
Student who completed mandatory military service in combat border units	0	0
Socially vulnerable student (of a family registered in the national social vulnerability assessment system/ number of points)	0	0
Student from a region (specify)	0	0
Student from a borderline village or whose parents are public school teachers in borderline villages	0	0
Student who has a child up to the age of 1	0	0
Student with good academic standing who is not included in the system of students' support (usanoghakan npast)	0	0

^{*} If your answer is "yes", please provide the relevant document.