FOR OFFICIAL USE ONLY	
DATE RECEIVED:	
ID #:	

2021-2022 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

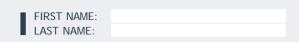
Additional information concerning tuition assistance:

- 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

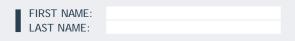
Awards are made for one academic year (two semesters) *, provided that the recipient remains in good academic standing with a cumulative GPA of 3.0 for Graduate programs (2.0 for Undergraduate) or above, and is enrolled as a full time student.

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	SRAPHICAL INFORMATIC	N		
LAST NAME	FIRST NA	ME		MIDDLE NAME
MAIDEN NAME OR OTHER PREVIOU	JSLY USED NAMES			
	☐ Divorced ☐ Separated ☐	Widowed Other (please explain):	
DATE OF BIRTH mm/dd/yy				
PLACE OF BIRTH				
CITY	COUNTRY			
CITIZENSHIP (LIST ALL THAT APPLY)				
LOCAL ADDRESS				
STREET ADDRESS (INCLUDING FLOC	OR AND APARTMENT NUMBER)			
TOWN	ZIP CODE		(COUNTRY
HOME PHONE	CELL PHO	NE	I	PARENTS PHONE
E-MAIL ADDRESS (PLEASE PRINT LE	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.)



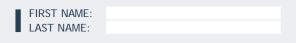
With Family (rented residence/no rent) Alone or with non-relatives	Rented apartment/house Family owned apartment/h	nouse
PARENTS' ADDRESS STREET ADDRESS (INCLUDING FLOOR AND APARTMENT NUMB	ER)	
ZIP CODE	TOWN	COUNTRY
HOME TELEPHONE	CELL PHONE	
STUDENT'S ADDRESS STREET ADDRESS (INCLUDING FLOOR AND APARTMENT NUMB	ER)	
ZIP CODE	TOWN	COUNTRY
HOME TELEPHONE	CELL PHONE	
Provided information on grandparen (if grandparents are members of the	statements for each employed house and copies of both parents' passports (a icates for any assets. certificate (if applicable). onths of your household utility payments' pensions, including the pension a household). expenses, for yourself and/or siblings port (yntanekan npast), if applicable.	ents. mounts in the total income calculations
•	rent and the applicant (aged 18 and abo	ove)
applying as an independent student, n	nake sure you have	
Reported your own information.	☐ Medic	al documents.
Included information for your spouse a	nd children, if applicable Comple	eted appendix (on the last pages of the application
4. EMPLOYMENT INFORMATIO	N OF FATHER/GUARDIAN	
FULL LEGAL NAME	FIRST NAME	MIDDLE NAME
LAST NAME		
LAST NAME		
DATE OF BIRTH		
DATE OF BIRTH mm/dd/yy MARRIAGE STATUS	Separated □Widowed Other (p	please explain):



	Full-time	Part-time
OB TITLE/POSITION	INSTITUTION/EMPLOYER'S NAME	i ai t²tiiiic
REET ADDRESS (INCLUDING FLOO	OR AND APARTMENT NUMBER)	
IP CODE	TOWN	COUNTRY
WORK PHONE		
SECONDARY EMPLOYMENT (II		
STARTING DATE OF CURRENT EMP	LOYMENT Full-time	e Part-time
IOB TITLE/POSITION	INSTITUTION/EMPLOYER'S NAME	rait-time
CTREET ADDRESS (MISSING TO		
STREET ADDRESS (INCLUDING FLOO	OR AND APARTMENT NUMBER)	
ZIP CODE	TOWN	COUNTRY
WORK PHONE		
IF CURRENTLY NOT WORKING (IF	FAPPLICABLE)	
Unemployed	Stopped working: mm/dd/yy	
STATE REASON (SUPPORT YOUR ST	TATEMENT WITH DOCUMENT(S)	
Retired	Pension received, if any (Include retirement document(s):	
INFORMATION ON PREVIOUS EMP	-	
TITLE/POSITION	PLACEOF WORK PERIOD OF WORK	PREVIOUS ANNUAL INCOME
5. EMPLOYMENT	INFORMATION OF MOTHER/GUARDIAN	
FULL LEGAL NAME		AMPRIC MAME
	INFORMATION OF MOTHER/GUARDIAN FIRST NAME	MIDDLE NAME
FULL LEGAL NAME LAST NAME DATE OF BIRTH		MIDDLE NAME
LAST NAME DATE OF BIRTH mm/dd/yy		MIDDLE NAME
DATE OF BIRTH mm/dd/yy MARRIAGE STATUS	FIRST NAME	
DATE OF BIRTH mm/dd/yy MARRIAGE STATUS Single Married	FIRST NAME	MIDDLE NAME
DATE OF BIRTH mm/dd/yy MARRIAGE STATUS Single Married CURRENT WORK STATUS	Divorced Separated Widowed Other (please exp	
CURRENT WORK STATUS Employed Unem	FIRST NAME Divorced Separated Widowed Other (please exp nployed Self-employed □Retired □Other:	
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FIRST NAME:	
LAST NAME:	

	MPLOYMENT		☐ Full-time	☐ Part-time
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ORK PHONE				
CURRENTLYNOTWORKING	(IFAPPLICABLE)			
Unemployed		g: mm/dd/yy		
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Retired	Pension received	d, if any (Include retirement doc	cument(s):	
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	EMPLOYMENT IN	IFORMATION (IF ANY)		
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TITLE/POSITION PLACE OF WORK PERIOD OF WORK PREVIOUS ANNUAL INCOME 7. STUDENT'S SPOUSE EMPLOYMENT INFORMATION (IF MARRIED) CURRENT WORK STATUS Employed Unemployed Self-employed Retired Other: PRIMARY EMPLOYMENT (IF APPLICABLE) STARTING DATE OF CURRENT EMPLOYMENT JOB TITLE/POSITION INSTITUTION/EMPLOYER'S NAME STREET ADDRESS (INCLUDING FLOOR AND APARTMENT NUMBER)
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JOB TITLE/POSITION INSTITUTION/EMPLOYER'S NAME
JOB TITLE/POSITION INSTITUTION/EMPLOYER'S NAME
STREET ADDRESS (INCLUDING FLOOR AND APARTMENT NUMBER)
ZIP CODE TOWN COUNTRY
WORK PHONE
SECONDARY EMPLOYMENT (IF APPLICABLE)
STARTING DATE OF CURRENT EMPLOYMENT Full-time Part-time
-
JOB TITLE/POSITION INSTITUTION/EMPLOYER'S NAME
STREET ADDRESS (INCLUDING FLOOR AND APARTMENT NUMBER)
STREET ADDRESS (INCECODING FEOOR AND ALARTMENT NOMBER)
ZIP CODE TOWN COUNTRY
WORK PHONE
IFCURRENTLY NOT WORKING (IF APPLICABLE)
Unemployed Stopped working: mm/dd/yy
STATE REASON (SUPPORT YOUR STATEMENT WITH DOCUMENT(S)
Retired Pension received, if any (Include retirement document(s):
INFORMATION ON PREVIOUS EMPLOYMENT
TITLE/POSITION PLACE OF WORK PREVIOUS ANNUAL INCOME



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 NAME:	
LAST NAME:	

		in the household, not neces t. Attach additional sheets i		
NAME	noid other than studen	RELATIONSHIPTOYOU	THEIR WORK S	TATUS
		PARENT SIBLING OTHER	EMPLOYED UNEMPLOYED RETIRED OTHER	
		☐ PARENT☐ SIBLING☐ OTHER☐	☐ EMPLOYED ☐ UNEMPLOYED ☐ RETIRED ☐ OTHER	
		☐ PARENT☐ SIBLING☐ OTHER	EMPLOYED UNEMPLOYED RETIRED OTHER	
		☐ PARENT☐ SIBLING☐ OTHER☐	EMPLOYED J UNEMPLOYED RETIRED OTHER	
11. ASSETS				
Currently Owned properti	es 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

2021 - 2022 ACADEMIC YEAR

12. FINANCIAL INFORMATION/HOUSEHOLD ANNUAL INCOME FOR 2020

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

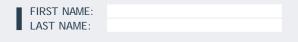
ESTIMATED ANNUAL NET INCOME		2020 (only in AMD)	OFFICE USE ONLY
Father's take-home (net) salary:			
Father's pension/retirement salary, if retired:			
Mother's take-home (net) salary:			
Mother's pension/retirement salary, if retired:			
Student's take-home (net) salary:			
Spouse's take-home (net) salary:			
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		1	

20**21** - 202**2** ACADEMIC YEAR

FIRST NAME:	
LAST NAME:	

13. HOUSEHOLD ANNUAL EXPENSES FOR 2020

	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 sibling (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 (estimate)		
Water bills (estimate)		
Telephone bills (include all landlines and cell phones)		
Internet, cable TV		
Gas bills (estimate)		
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		



14. EXPECTED SOUR	RCES OF ADDITIONAL FINANCIAL	AID OTHER THAN AUA			
OTHER PERSON(S) EXPECTED TO ASSIST YOU WITH YOUR EDUCATION EXPENSES					
NAME	RELATION	ADDRESS			
TELEPHONE		AMOUNT			
OTHER EXPECTED FORMAL SOURCES	S OF FINANCIAL ASSISTANCE. SPECIFY SOURCE AND NAME OF	ORGANIZATION OR PERSON.			
NAME	RELATION	ADDRESS			
TELEPHONE		AMOUNT			
FOR OFFICE USE ONLY					

2021 - 2022 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 2021 - 2022 ACADEMIC YEAR



Do you expect any changes in your income in 2021 (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 2021 - 2022 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

Are you a... YES NO

Student under the age of 23 without parental care	
Student with 1 st degree handicap	
student with 1 degree numercup	
Student with 2 nd degree handicap	
Student up to the age of 18 years handicapped from childhood	
Student who is a child below 27, a parent or a spouse of a deceased serviceman	
Student injured while being on mandatory military service	
Student, 23 years old or younger, who was left without parental care at the age of 18 or later	
Student under the age of 23 who has only one parent	
Student from a family which has 3 or more minors	
Student from a family which has 3 or more (university/college/vocational school) students	
Student from a family which has 2 students paying tuition	
Student from a family which has 3 or more students paying tuition	
Student who has parents with 1 st or 2 nd degree handicap including handicapped azatamartik parent	
Student who completed mandatory military service in combat border units	
Student who participated in 2020 September war and/or 2016 April war (specify)	
Socially vulnerable student (of a family registered in the national social vulnerability assessment system/ number of points)	
Student from a region (specify)	
Student from a borderline village or whose parents are public school teachers in borderline villages	
Student who has a child up to the age of 1	
Student with good academic standing who is not included in the system of students' support (usanoghakan npast)	

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