



# AMERICAN UNIVERSITY *of* AFGHANISTAN

## Financial Assistance Program Guidelines

### Academic Year 2011

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 Office of Student Finance 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.
- If your financial need changes during that time, please consult the Office of Student Finance.
- 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 2.33 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 Finance 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: **January 13<sup>th</sup> 2011**
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 (if any). All statements must be from the most current month.
- 4. Certificates of ownership 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 & +93(0)794-223-300  
Email: st.finance@auaf.edu.af  
Website: www.auaf.edu.af

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**AUAF official use:**  
**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 Signature: \_\_\_\_\_*



# AMERICAN UNIVERSITY *of* AFGHANISTAN

## Application for Financial Assistance

Paste recent colored Passport – size photograph

### 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

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

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: \_\_\_\_\_

Current work Status:  Employed  Self-Employed  Unemployed

Job title: \_\_\_\_\_ Employer's name: \_\_\_\_\_

Employer's Address \_\_\_\_\_ Director's Name/Phone Number: \_\_\_\_\_

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

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:

No.	Full Name	Relationship to the student	Occupation	Location
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 (state reasons): \_\_\_\_\_

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

2. Father's full name: \_\_\_\_\_  
*Last name* *First name*

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*

Estimate how much you spend annually on entertainment (food, clothing, etc.):

\_\_\_\_\_ *AFN per year*

Estimate how much you spend annually on fuel and maintenance for your vehicle (if applicable):

\_\_\_\_\_ *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**

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

**Assets**

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

	Location	Estimated Present Value
House(s)	_____	_____ AFN
Business	_____	_____ AFN
Land	_____	_____ AFN

2. Owned Vehicle(s)

	Owner	Model / Year	Estimated Present Value
1.	_____	_____	_____ AFN
2.	_____	_____	_____ AFN
3.	_____	_____	_____ AFN

3. Personal Laptop

	Owner	Model / Year	Estimated Present Value
1.	_____	_____	_____ AFN
2.	_____	_____	_____ AFN
3.	_____	_____	_____ AFN

4. Cash Savings

	Name of Bank	Total Amount
1.	_____	_____ AFN
2.	_____	_____ AFN

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: \_\_\_\_\_

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

## Student Income Verification Form

\_\_\_\_\_  
Employee name

\_\_\_\_\_  
Title

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

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**Section 2**

\_\_\_\_\_ is an employee of \_\_\_\_\_ in the  
Name of Employee Name of Company

Position of \_\_\_\_\_ and earns an annual salary of \_\_\_\_\_ AFN.

\_\_\_\_\_  
Name of Authorized Company Representative

\_\_\_\_\_  
Date

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

## Income Verification Form

\_\_\_\_\_  
Employee name

\_\_\_\_\_  
Designation

Dear Employer

We are requesting an official statement of salary for the above named employee.

Please complete Section 2 below.

Thank you for cooperation.

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 \_\_\_\_\_ .

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