



# Application for Financial Aid 2022 / 2023 Academic Year

Please read and review the form and the instructions carefully before you fill it in and do not leave any boxes blank.

PLEASE PRINT IN BLOCK LETTERS

## I. APPLICANT'S PERSONAL PROFILE

- 1 Name: \_\_\_\_\_  
Last First Middle
- 2 Gender:  Male  Female
- 3 Date of birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year
- 4 Intended date of admission: Fall'22  Spring'23
- 5 Citizenship: \_\_\_\_\_
- 6 Country of residence: \_\_\_\_\_
- 7 City: \_\_\_\_\_

## II. FAMILY INFORMATION

In answering the following question, please refer to your biological parents

8 Parents' current marital status (check only one box):

- Married  Divorced  Mother living, father deceased  Father living, mother deceased   
Parents not married  Domestic Partnership  Other \_\_\_\_\_   
(Please specify)

In the definition of family below, use the current family members (step-parents, if needed)

9 How many persons, including the applicant, are dependent upon the family income? \_\_\_\_\_

10 List any dependents who are in school or university:

10a Name: \_\_\_\_\_ Name of school/university: \_\_\_\_\_

Annual cost to attend: \_\_\_\_\_ Family contribution: \_\_\_\_\_ Inst.grant/loan/work: \_\_\_\_\_

10b Name: \_\_\_\_\_ Name of school/university: \_\_\_\_\_

Annual cost to attend: \_\_\_\_\_ Family contribution: \_\_\_\_\_ Inst.grant/loan/work: \_\_\_\_\_

10c Name: \_\_\_\_\_ Name of school/university: \_\_\_\_\_

Annual cost to attend: \_\_\_\_\_ Family contribution: \_\_\_\_\_ Inst.grant/loan/work: \_\_\_\_\_

11 Does your family own or rent your primary residence:

- Own  Rent  Live with others

**III. EMPLOYMENT INFORMATION OF INCOME EARNERS AND INCOME FROM EMPLOYMENT IN NATIONAL CURRENCY**

(For the most recent 12-month period. Attach additional sheets if necessary.)

**12 INCOME EARNER A:** \_\_\_\_\_  
Last First Middle

**12a** Relationship to applicant: \_\_\_\_\_

**12b** Age: \_\_\_\_\_

**12c** Occupation: \_\_\_\_\_

**12d** Name of Employer: \_\_\_\_\_

**12e** City: \_\_\_\_\_

**12f** Country: \_\_\_\_\_

**12g** Income: 

Gross	Tax paid	Net

**13 INCOME EARNER B:** \_\_\_\_\_  
Last First Middle

**13a** Relationship to applicant: \_\_\_\_\_

**13b** Age: \_\_\_\_\_

**13c** Occupation: \_\_\_\_\_

**13d** Name of Employer: \_\_\_\_\_

**13e** City: \_\_\_\_\_

**13f** Country: \_\_\_\_\_

**13g** Income: 

Gross	Tax paid	Net

**14 INCOME EARNER C:** \_\_\_\_\_  
Last First Middle

**14a** Relationship to applicant: \_\_\_\_\_

**14b** Age: \_\_\_\_\_

**14c** Occupation: \_\_\_\_\_

**14d** Name of Employer: \_\_\_\_\_

**14e** City: \_\_\_\_\_

**14f** Country: \_\_\_\_\_

**14g** Income: 

Gross	Tax paid	Net

**15 INCOME EARNER D:** \_\_\_\_\_  
Last First Middle

**15a** Relationship to applicant: \_\_\_\_\_

**15b** Age: \_\_\_\_\_

**15c** Occupation: \_\_\_\_\_

**15d** Name of Employer: \_\_\_\_\_

**15e** City: \_\_\_\_\_

**15f** Country: \_\_\_\_\_

**15g** Income: 

Gross	Tax paid	Net

**16 Total income:**

Gross	Tax paid	Net

**17** Additional information concerning employment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**IV. INCOME FROM PRIVATE BUSINESS**

(For the past tax year. If more than one business, list the results of each business separately. Attach additional sheets if necessary.)

	Company 1	Company 2	Company 3	Company 4	Total:
<b>18</b> Owned by:	Income earner ___	Income earner ___	Income earner ___	Income earner ___	
<b>19</b> Company name:					
<b>20</b> % owned:					
<b>21</b> City:					
<b>22</b> Country:					
<b>23</b> Revenue:					
<b>24</b> Expense:					
<b>25</b> Profit (loss):					
<b>26</b> # of employees:					
<b>27</b> Total assets:					
<b>28</b> Equity (net assets):					

**29** Type of private business (explanation/additional information for lines 18-28): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**V. OTHER INCOME**

	Income earner A:	Income earner B:	Income earner C:	Income earner D:	Total:
<b>30</b> Pensions:					
<b>31</b> Unemployment compensations:					
<b>32</b> Alimony:					
<b>33</b> Social security benefits:					
<b>34</b> Rent:					
<b>35</b> Dividend:					
<b>36</b> Capital gains:					
<b>37</b> Interest:					
<b>38</b> Other (specify):					
<b>39</b> Total:					

**VI. TOTAL NET FAMILY INCOME**

40 Total net family income (add lines 16 + 39):

**VII. SAVINGS**

Current savings (from bank accounts):

- 41 Income earner A:
- 42 Income earner B:
- 43 Income earner C:
- 44 Income earner D:
- 45 Total:


**VIII. REAL ESTATE**

	Owner:	Property type Agricultural Land/Urbanized Land/House/Apartment	City Property Address	Country Property Address	m <sup>2</sup>
46	Income earner ___				
47	Income earner ___				
48	Income earner ___				
49	Income earner ___				

**IX. ASSETS**

50 Please list all automobiles owned by those living in your household:

	Maker:	Model:	Year:	License number:
50a				
50b				
50c				
50d				

**X. EXPECTED AMOUNT OF FINANCIAL CONTRIBUTION TOWARD YOUR EDUCATIONAL EXPENSES DURING THE NEXT ACADEMIC YEAR**

(Please estimate in US dollars using the current exchange rate.)

51 Immediate family:

52 Scholarships (other than AUBG):

53 Other relatives and friends:

54 Private sponsors:

55 Student's vacation earnings:

56 Other:

57 Total :




**XII. CHECKLIST OF REQUIRED DOCUMENTS TO INCLUDE WITH THIS FORM**

All documents must be in English or Bulgarian. All documents enclosed become the property of AUBG and will not be returned. Missing documents invalidate the application for financial assistance. Mark **Y** if the document is enclosed. Mark **N/A** if the document does not apply to your situation.

Documents enclosed		Income earner A		Income earner B		Income earner C		Income earner D	
		Y	N/A	Y	N/A	Y	N/A	Y	N/A
<b>A</b>	Gross and net income with monthly distribution up to date of application.	Y	N/A	Y	N/A	Y	N/A	Y	N/A
<b>B</b>	Copies of the Annual Tax Declarations for last year's taxable income.	Y	N/A	Y	N/A	Y	N/A	Y	N/A
<b>C</b>	Declaration proving absence of trade activities. Template is available on the AUBG website.	Y	N/A	Y	N/A	Y	N/A	Y	N/A
<b>D</b>	Certificates for family savings issued by the bank.	Y	N/A	Y	N/A	Y	N/A	Y	N/A
<b>E</b>	Certificates from the Bureau of Labor for the unemployed members of the family indicating the amount of unemployment compensation received.	Y	N/A	Y	N/A	Y	N/A	Y	N/A
<b>F</b>	Certificates for pensions including the amount received.	Y	N/A	Y	N/A	Y	N/A	Y	N/A
<b>G</b>	Copies of courts decisions in case of divorced parents.	Y	N/A	Y	N/A	Y	N/A	Y	N/A
<b>H</b>	Alimony certificates, if applicable	Y	N/A	Y	N/A	Y	N/A	Y	N/A
<b>I</b>	Copies of death certificate(s) in case of deceased parent(s).	Y	N/A	Y	N/A	Y	N/A	Y	N/A
<b>J</b>	Certificates for medical disability or medical problems, if applicable.	Y	N/A	Y	N/A	Y	N/A	Y	N/A
<b>K</b>	Registration documents for all vehicles owned by members of the family or private business owned by family members.	Y	N/A	Y	N/A	Y	N/A	Y	N/A
<b>L</b>	Certificates of ownership for all property (homes, apartment or land) owned by family members.	Y	N/A	Y	N/A	Y	N/A	Y	N/A

**XIII. APPLICANT'S DECLARATION**

I HAVE READ AND UNDERSTAND THE INSTRUCTIONS FOR THIS FORM. To the best of my knowledge, the information provided in this application is complete and correct. I understand that applications for financial aid that are incomplete or missing required documents are invalid. I understand that once this application is filed, I do not have the opportunity to submit additional documents or new application for financial assistance for the current year. I understand that:

- the information I have provided will be verified and audited;
- any omissions or inaccurate information could jeopardize my admission at AUBG and entitle AUBG to claim the repayment of all financial aid provided;
- the information supplied in this application will be stored in AUBG's financial aid database and the information will be used for determining financial need.
- I may be denied financial assistance if I make a false or misleading statement in this application or I do not comply with a request from Financial Aid Office to provide information or documents so that the information in this application may be verified.

Signature of student: \_\_\_\_\_

Date: \_\_\_\_\_  
(month, day, year)

Signature of parent or guardian: \_\_\_\_\_

Date: \_\_\_\_\_  
(month, day, year)