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

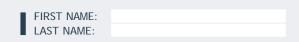
Additional information concerning tuition assistance:

- 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

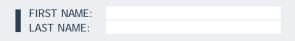
Awards are made for one academic year (two semesters) \*, provided that the recipient remains in good academic standing with a cumulative GPA of 3.0 for Graduate programs (2.0 for Undergraduate) or above, and is enrolled as a full time student.

1. STATUS				
STATUS	PROGRAM/DEPARTMENT	YEAR OF STUDY	1ST CHOICE	2ND CHOICE
CURRENT AUA STUDENT			_	_
AUA APPLICANT GRADUATE DEGRE	E			
UNDERGRADUATE DEGREE				
FULL LEGAL NAME				
2. STUDENT BIOG	GRAPHICAL INFORMATIC	N		
LAST NAME	FIRST NAI	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 FLOO	DR AND APARTMENT NUMBER)			
TOWN	ZIP CODE		(	COUNTRY
HOME PHONE	CELL PHO	NE	F	PARENTS PHONE
E-MAIL ADDRESS (PLEASE PRINT LE	GIBLY)			

<sup>\* \*</sup> 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.)



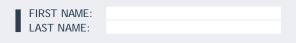
With Family (rented residence/no rent) Alone or with non-relatives	Rented apartment/house Family owned apartment/h	ouse
PARENTS' ADDRESS STREET ADDRESS (INCLUDING FLOOR AND APARTMENT NUMBE	R)	
ZIP CODE	TOWN	COUNTRY
HOME TELEPHONE	CELL PHONE	
STUDENT'S ADDRESS  STREET ADDRESS (INCLUDING FLOOR AND APARTMENT NUMBE	·R)	
ZIP CODE	TOWN	COUNTRY
HOME TELEPHONE	CELL PHONE	
This form is to be submitted with the following of lease Make Sure You Have:  Complete application form and submitted signed and sealed income	nit in hard copy.	
Submitted a copy of <b>your passport</b> a	nd copies of both parents' passports (a	all pages).
Submitted copies of ownership certification	cates for any assets.	
Submitted a copy of car registration of	certificate (if applicable).	
Provide the receipts from the past 3 mo	nths of your household utility payme	ents.
Provided information on <b>grandparen</b> (if grandparents are members of the		mounts in the total income calculations
Provided information on <b>past tuition</b> 6	expenses, for yourself and/or siblings.	
Statement of <b>family financial supp</b>	ort (yntanekan npast), if applicable.	
Bank statement certificate of savings	s, if applicable.	
Provide ACRA Credit Report for each pa	rent and the applicant (aged 18 and abo	ove)
(https://acra.am)		
applying as an independent student, m	ake sure you have	
Reported <b>your own</b> information.	☐ Medica	al documents.
Included information for your spouse ar	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		
LAST NAME  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:	
FULL LEGAL NAME  LAST NAME  DATE OF BIRTH  mm/dd/yy  MARRIAGE STATUS  Single Married  CURRENT WORK STATUS  Employed Unem  PRIMARY EMPLOYMENT (IF AF	FIRST NAME  Divorced Separated Widowed Other (please exp  nployed Self-employed □Retired □Other:  PPLICABLE)	
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PULL LEGAL NAME  LAST NAME  DATE OF BIRTH  mm/dd/yy  MARRIAGE STATUS  Single Married  CURRENT WORK STATUS	Divorced Separated Widowed Other (please expenployed Self-employed Retired Other:  PPLICABLE) PLOYMENT  Full-time INSTITUTION/EMPLOYER'S NAME	lain):

FIRST NAME:	
LAST NAME:	

	MPLOYMENT		☐ Full-time	☐ Part-time
B TITLE/POSITION		INSTITUTION/EMPLOYER'S NAME	run-time	Fait-time
REET ADDRESS (INCLUDING F	LOOR AND APARTMENT NUMBER]	)		
		701111		
P CODE		TOWN		COUNTRY
ORK PHONE				
CURRENTLYNOTWORKING	(IFAPPLICABLE)			
Unemployed		g: <b>mm/dd/yy</b>		
FATE REASON (SUPPORT YOUR	R STATEMENT WITH DOCUMENT(S	5)		
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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URRENT WORK STATUS Employed Ur	nemployed Self-er		Full-time	☐ Part-time
URRENT WORK STATUS Employed Ur RIMARY EMPLOYMENT (IF ARTING DATE OF CURRENT EI	nemployed Self-er			☐ Part-time
URRENT WORK STATUS Employed Ur RIMARY EMPLOYMENT (IF CARTING DATE OF CURRENT EI DESTITLE/POSITION	nemployed Self-er	mployed Retired Other:		Part-time
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Employed Un RIMARY EMPLOYMENT (IF FARTING DATE OF CURRENT EF  OBTITLE/POSITION  TREET ADDRESS (INCLUDING F  P CODE  ORK PHONE  ECONDARY EMPLOYMENT FARTING DATE OF CURRENT EF  OBTITLE/POSITION	nemployed Self-er APPLICABLE) MPLOYMENT  LOOR AND APARTMENT NUMBER)  T (IF APPLICABLE) MPLOYMENT	mployed Retired Other:  INSTITUTION/EMPLOYER'S NAME  TOWN  INSTITUTION/EMPLOYER'S NAME	Full-time	COUNTRY
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Employed Un  RIMARY EMPLOYMENT (IF  ARTING DATE OF CURRENT EI  B TITLE/POSITION  P CODE  ORK PHONE  ECONDARY EMPLOYMENT  ARTING DATE OF CURRENT EI  B TITLE/POSITION  REET ADDRESS (INCLUDING F	nemployed Self-er APPLICABLE) MPLOYMENT  LOOR AND APARTMENT NUMBER  OF (IF APPLICABLE) MPLOYMENT  LOOR AND APARTMENT NUMBER  G(IF APPLICABLE)	mployed Retired Other:  INSTITUTION/EMPLOYER'S NAME  TOWN  INSTITUTION/EMPLOYER'S NAME	Full-time	COUNTRY  Part-time
Employed Un  IMARY EMPLOYMENT (IF  ARTING DATE OF CURRENT EN  BITTLE/POSITION  CODE  CONDARY EMPLOYMENT  ARTING DATE OF CURRENT EN  BITTLE/POSITION  REET ADDRESS (INCLUDING F  CONDARY EMPLOYMENT  BITTLE/POSITION  REET ADDRESS (INCLUDING F  CODE  CODE  CORE  CODE  COURRENTLY NOT WORKING  UNEMPLOYED  COURRENTLY NOT WORKING  UNEMPLOYED  COURRENTLY NOT WORKING	nemployed Self-er APPLICABLE) MPLOYMENT  LOOR AND APARTMENT NUMBER  OF (IF APPLICABLE) MPLOYMENT  LOOR AND APARTMENT NUMBER  G(IF APPLICABLE)	mployed Retired Other:  INSTITUTION/EMPLOYER'S NAME  TOWN  INSTITUTION/EMPLOYER'S NAME  TOWN  TOWN	Full-time	COUNTRY  Part-time
Employed Un RIMARY EMPLOYMENT (IF ARTING DATE OF CURRENT EI B TITLE/POSITION  P CODE  ORK PHONE  ECONDARY EMPLOYMENT ARTING DATE OF CURRENT EI B TITLE/POSITION  REET ADDRESS (INCLUDING F  CODE  ORK PHONE  CODE  ORK PHONE  CURRENTLY NOT WORKING Unemployed	DEMPLOYMENT  LOOR AND APARTMENT NUMBER;  If (IF APPLICABLE)  MPLOYMENT  LOOR AND APARTMENT NUMBER;  G(IF APPLICABLE)  Stopped working a statement with document(s	mployed Retired Other:  INSTITUTION/EMPLOYER'S NAME  TOWN  INSTITUTION/EMPLOYER'S NAME  TOWN  TOWN	Full-time  Full-time	COUNTRY  Part-time



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)
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  Full-time Part-time  JOB TITLE/POSITION INSTITUTION/EMPLOYER'S NAME
CURRENT WORK STATUS  Employed Unemployed Self-employed Retired Other:  PRIMARY EMPLOYMENT (IF APPLICABLE)  STARTING DATE OF CURRENT EMPLOYMENT  Full-time Part-time  JOB TITLE/POSITION  INSTITUTION/EMPLOYER'S NAME
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
CURRENT WORK STATUS  Employed Unemployed Self-employed Retired Other:  PRIMARY EMPLOYMENT (IF APPLICABLE)  STARTING DATE OF CURRENT EMPLOYMENT  Full-time Part-time  JOB TITLE/POSITION  INSTITUTION/EMPLOYER'S NAME
CURRENT WORK STATUS  Employed Unemployed Self-employed Retired Other:  PRIMARY EMPLOYMENT (IF APPLICABLE)  STARTING DATE OF CURRENT EMPLOYMENT  Full-time Part-time  JOB TITLE/POSITION  INSTITUTION/EMPLOYER'S NAME
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
CURRENT WORK STATUS  Employed Unemployed Self-employed Retired Other:  PRIMARY EMPLOYMENT (IF APPLICABLE)  STARTING DATE OF CURRENT EMPLOYMENT  Full-time Part-time  JOB TITLE/POSITION  INSTITUTION/EMPLOYER'S NAME
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PRIMARY EMPLOYMENT (IF APPLICABLE)  STARTING DATE OF CURRENT EMPLOYMENT  Full-time Part-time  JOB TITLE/POSITION INSTITUTION/EMPLOYER'S NAME
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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
<del>-</del>
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.

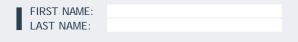
ESTIMATED ANNUAL NET INCOME		2020 (only in AMD)	OFFICE USE ONLY
Father's take-home (net) salary:			
Father's pension/retirement salary, if retired:			
Mother's take-home (net) salary:			
Mother's pension/retirement salary, if retired:			
Student's take-home (net) salary:			
Spouse's take-home (net) salary: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

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

2021 - 2022 ACADEMIC YEAR

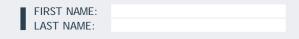
	FIRST NAME:	
	LAST NAME:	

### 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

### 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 1st degree handicap	0	0
Student with 2 <sup>nd</sup> 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

<sup>\*</sup> If your answer is "yes", please provide the relevant document.