

AUA TUITION ASSISTANCE APPLICATION

2024-2025 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
<input type="checkbox"/> CURRENT AUA STUDENT			—	—
<input type="checkbox"/> AUA APPLICANT GRADUATE DEGREE				
<input type="checkbox"/> UNDERGRADUATE DEGREE				

FULL LEGAL NAME _____

2. STUDENT BIOGRAPHICAL INFORMATION

LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____

MAIDEN NAME OR OTHER PREVIOUSLY USED NAMES _____

MARRIAGE STATUS
 Single Married 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 FLOOR AND APARTMENT NUMBER) _____

TOWN _____ ZIP CODE _____ COUNTRY _____

HOME PHONE _____ CELL PHONE _____ PARENTS PHONE _____

E-MAIL ADDRESS (PLEASE PRINT LEGIBLY) _____

** 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.)

TUITION ASSISTANCE APPLICATION

2024 - 2025 ACADEMIC YEAR

FIRST NAME:

LAST NAME:

RESIDENCE (PLEASE CHECK ALL THAT APPLY)

With Family (rented residence/no rent)
Alone or with non-relatives

Rented apartment/house
Family owned apartment/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 FILLED OUT BY STUDENTS APPLYING FOR TUITION AS

This form is to be submitted with the following documents. If any documents are not attached the application will not be considered. Please Make Sure You Have:

Complete application form and submit in hard copy.

Submitted signed and sealed **income statements** for each employed household member.

Submitted a copy of **your passport** and copies of both parents' passports (**all pages**).

Submitted copies of **ownership certificates** for any assets.

Submitted a copy of **car registration certificate** (if applicable).

Provide the receipts from the past 3 months of your **household utility payments**.

Provided information on **grandparents' pensions**, including the pension amounts in the total income calculations (if grandparents are members of the household).

Provided information on **past tuition expenses**, for yourself and/or siblings.

Statement of **family financial support** (yntanakan npast), if applicable.

Bank statement **certificate of savings**, if applicable.

Provide ACRA Credit Report for each parent and the applicant (aged 18 and above) (<https://acra.am>)

Submit individual account statement for each parent and the applicant (aged 18 and above) from taxpayer service department

If applying as an independent student, make sure you have

Reported **your own** information.

Medical documents.

Included information for **your spouse and children**, if applicable

Completed appendix (on the last pages of the application).

4. EMPLOYMENT INFORMATION OF FATHER/GUARDIAN

FULL LEGAL NAME

LAST NAME

FIRST NAME

MIDDLE NAME

DATE OF BIRTH

mm/dd/yy

MARRIAGE STATUS

Single

Married

Divorced

Separated

Widowed

Other (please explain): _____

CURRENT WORK STATUS

Employed

Unemployed

Self-employed

Retired

Other: _____

TUITION ASSISTANCE APPLICATION

2024 - 2025 ACADEMIC YEAR

FIRST NAME:
 LAST NAME:

PRIMARY 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)

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)

ZIP CODE

TOWN

COUNTRY

WORK PHONE

IF CURRENTLY 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	PERIOD OF WORK	PREVIOUS ANNUAL INCOME

5. EMPLOYMENT INFORMATION OF MOTHER/GUARDIAN

FULL LEGAL NAME

LAST NAME

FIRST NAME

MIDDLE NAME

DATE OF BIRTH

mm/dd/yy

MARRIAGE STATUS

Single Married Divorced Separated Widowed Other (please explain): _____

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

STREET ADDRESS (INCLUDING FLOOR AND APARTMENT NUMBER)

ZIP CODE

TOWN

COUNTRY

WORK PHONE

TUITION ASSISTANCE APPLICATION

2024 - 2025 ACADEMIC YEAR

FIRST NAME: _____
LAST NAME: _____

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)

ZIP CODE

TOWN

COUNTRY

WORK PHONE

IF CURRENTLY 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	PERIOD OF WORK	PREVIOUS ANNUAL INCOME
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6. STUDENT'S EMPLOYMENT INFORMATION (IF ANY)

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

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)

ZIP CODE

TOWN

COUNTRY

WORK PHONE

IF CURRENTLY 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):

TUITION ASSISTANCE APPLICATION

2024 - 2025 ACADEMIC YEAR

FIRST NAME:
 LAST NAME:

INFORMATION ON PREVIOUS EMPLOYMENT

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

Full-time Part-time

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) _____

ZIP CODE _____ TOWN _____ COUNTRY _____

WORK PHONE _____

IF CURRENTLY 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	PERIOD OF WORK	PREVIOUS ANNUAL INCOME

TUITION ASSISTANCE APPLICATION

2024 - 2025 ACADEMIC YEAR

FIRST NAME:

LAST NAME:

8. INFORMATION ABOUT STUDENT'S CHILDREN

NAME	BIRTH YEAR	SCHOOL	CLASS	ANNUAL TUITION FEES

FINANCIAL SUPPORT YOU RECEIVE FOR YOUR CHILDREN

SOURCE OF FUNDS	BENEFICIARY	AMOUNT

9. FAMILY EDUCATION INFORMATION

List all family members who are currently attending School/University, including yourself

NAME	BIRTH YEAR	EDUCATION/ CLASS (CURRENT YEAR)	NAME OF SCHOOL/ UNIVERSITY	ANNUAL TUITION/ FEES	FINANCIAL AID RECEIVED/ SOURCE	EXPECTED GRADUATION DATE

Siblings who are not university students

NAME	BIRTH YEAR	EDUCATION, IF ANY (UNIVERSITY DEGREE AND GRADUATION YEAR)	WORKING/NOT WORKING	OCCUPATION (CURRENT YEAR) ANNUAL INCOME

TUITION ASSISTANCE APPLICATION

2024 - 2025 ACADEMIC YEAR

FIRST NAME: _____
 LAST NAME: _____

10. HOUSEHOLD INFORMATION

Current household size (number of people living in the household, not necessarily registered):

All people living in household other than student. Attach additional sheets if needed

NAME	RELATIONSHIP TO YOU	THEIR WORK STATUS
_____	<input type="checkbox"/> PARENT <input type="checkbox"/> SIBLING <input type="checkbox"/> OTHER _____	<input type="checkbox"/> EMPLOYED <input type="checkbox"/> UNEMPLOYED <input type="checkbox"/> RETIRED <input type="checkbox"/> OTHER _____
_____	<input type="checkbox"/> PARENT <input type="checkbox"/> SIBLING <input type="checkbox"/> OTHER _____	<input type="checkbox"/> EMPLOYED <input type="checkbox"/> UNEMPLOYED <input type="checkbox"/> RETIRED <input type="checkbox"/> OTHER _____
_____	<input type="checkbox"/> PARENT <input type="checkbox"/> SIBLING <input type="checkbox"/> OTHER _____	<input type="checkbox"/> EMPLOYED <input type="checkbox"/> UNEMPLOYED <input type="checkbox"/> RETIRED <input type="checkbox"/> OTHER _____
_____	<input type="checkbox"/> PARENT <input type="checkbox"/> SIBLING <input type="checkbox"/> OTHER _____	<input type="checkbox"/> EMPLOYED <input type="checkbox"/> UNEMPLOYED <input type="checkbox"/> RETIRED <input type="checkbox"/> OTHER _____

11. ASSETS

Currently Owned properties 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
<input type="checkbox"/> Business	_____	_____	_____	_____
<input type="checkbox"/> Home/Apartment(s)	_____	_____	_____	_____
<input type="checkbox"/> Summer/vacation property	_____	_____	_____	_____
<input type="checkbox"/> Building(s)	_____	_____	_____	_____
<input type="checkbox"/> Land	_____	_____	_____	_____

Family Cars (including the student's)

OWNER	MAKE/MODEL/YEAR	PURCHASE COST	YEAR BOUGHT	PRESENT VALUE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TUITION ASSISTANCE APPLICATION

2024 - 2025 ACADEMIC YEAR

12. FINANCIAL INFORMATION/HOUSEHOLD ANNUAL INCOME FOR 2023

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	2023 (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 breadwinner, social package, aid, etc. refer to appendix)		
Family savings:		
Annual interest on savings, if any:		
ALL INCOME FROM ASSETS, PLEASE PROVIDE DOCUMENTS TO 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 DOCUMENTS TO SUPPORT YOUR STATEMENT:		
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		

TUITION ASSISTANCE APPLICATION

2024 - 2025 ACADEMIC YEAR

FIRST NAME: _____
LAST NAME: _____

13. HOUSEHOLD ANNUAL EXPENSES FOR 2023

	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		
<input type="checkbox"/> Housing loan		
<input type="checkbox"/> Car loan		
<input type="checkbox"/> Other (household items, phone, laptop, etc.)		
Other expenses related to relatives not in the household		
Other, specify		
TOTAL ANNUAL EXPENSES		

TUITION ASSISTANCE APPLICATION

2024 - 2025 ACADEMIC YEAR

FIRST NAME:

LAST NAME:

14. EXPECTED SOURCES OF ADDITIONAL FINANCIAL AID OTHER THAN AUA

OTHER PERSON(S) EXPECTED TO ASSIST YOU WITH YOUR EDUCATION EXPENSES

NAME	RELATION	ADDRESS
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TELEPHONE		AMOUNT
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OTHER EXPECTED FORMAL SOURCES OF FINANCIAL ASSISTANCE. SPECIFY SOURCE AND NAME OF ORGANIZATION OR PERSON.

NAME	RELATION	ADDRESS
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TELEPHONE		AMOUNT
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FOR OFFICE USE ONLY

TUITION ASSISTANCE APPLICATION

2024 - 2025 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**
2024 - 2025 ACADEMIC YEAR

FIRST NAME:
LAST NAME:

Do you expect any changes in your income in 2024 (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**
2024 - 2025 ACADEMIC YEAR

FIRST NAME:
LAST NAME:

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

TUITION ASSISTANCE APPLICATION

2024 - 2025 ACADEMIC YEAR

FIRST NAME: _____
LAST NAME: _____

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

I certify that the answers to all questions within this application were completed by me and the information, to the best of my knowledge and belief, is complete and correct. I understand that any misrepresentations or material omission made on this form or accompanying documentation may invalidate this application and cancel any tuition assistance awarded to me at any time. I authorize investigation by AUA, including through relevant authorities, of all statements contained herein and will provide additional documentation as requested. I agree to a home visit when requested.

I _____ hereby authorize AUA to release my transcript of grades to scholarship
(full name) donors for possible scholarships.

Any missing or false information in the application will jeopardize the applicant's tuition assistance status. The application will be considered incomplete if the applicant and/or parents refuse to provide any document related to this application requested by AUA staff.

SIGNATURE OF STUDENT APPLICANT

DATE

APPENDIX

Are you a...

YES

NO

Student under the age of 23 without parental care		
Student with 1 st degree handicap		
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.*