



APPLICATION FOR FINANCIAL AID

NOTE:

In addition to the application form, to be eligible for financial aid, candidates need to submit:

- ✓ Family annual income statement (certified copy in English or Greek)
- ✓ Personal annual income statement (certified copy in English or Greek)
- ✓ If the candidate is employed, a salary statement from employer (certified copy in English or Greek)

Applications will be accepted and evaluated only if these documents have been submitted.

Please complete all sections of the application.

I have applied to the _____ program beginning the fall semester of the year _____.

Full Time Part Time

1. Personal Data

Last Name First Name Middle Name

Nationality Place of Birth Date of Birth(dd/mm/yy)

Male Female

2. Contact Data

Current mailing address

Current telephone

Work telephone

Valid until

Other telephone

Permanent address (if different from current)

Electronic mail address (if applicable)

3. Economic Status: (please indicate with an X)

- Dependent (go to 4a)
- Independent (go to 4b)

4a. Dependent

Name of main financial supporter:

4b. Independent



Relationship: _____ Supporter's Occupation: _____ Supporter's Employer: _____ Employer's Address: _____ _____ Number of Years with Employer: _____	Occupation: _____ Employer: _____ Employer's Address: _____ _____ Number of Years with Employer: _____
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- 4c. Family Income Level: (please indicate with an X)
- < €5,000
 €5,000 - €10,000
 €10,000 – 15,000
 €15,000 - €20,000
 €20,000 - €25,000
 €25,000-30.000
 €30,000-35.000
 >€35,000

4d. How many people, including yourself, depend on the above income for daily living expenses? _____

4. List other organizations to which you are applying for Financial Aid (scholarships, grants, loans etc.):

Organization	Type of Financial Aid	Expected Amount (Euro €)	Expected Date of Notification	Duration

5. Briefly list the reasons supporting your application for financial aid:

6. I will only attend if awarded Financial Aid: Yes No

I hereby confirm that the information given above is true to the best of my knowledge and belief. Any wrong information or suppression of facts will disqualify me from being considered for financial aid.

Signature

Date

Please return the completed application for financial aid by e-mail at admissions@ait.edu.gr or mail to the AIT Admissions Office, P.O. Box 68, 19.5 km Markopoulou Ave., 190 02 Peania, Athens, Greece or by fax to +30 2106682708.