

Last Name _____

Application for Financial Aid for
ACADEMIC YEAR 2011-12
DEADLINE: FEBRUARY 1

First Name _____

Before filling out this form, please read carefully our "Information on Fellowships and Financial Aid". The information requested below is necessary to help us assess your financial needs and best allocate the funds available. All those who wish to be considered for Bologna Center financial aid or any of the fellowships administered by the Bologna Center (see "Information on Fellowships and Financial Aid") must submit the information requested to the Bologna Center. Proof of parents' income (tax declaration or other relevant document) is required, even if you do NOT consider yourself a dependent. Without proof of your parents' income, your application for financial aid cannot be taken into consideration.

PARENTS' OR GUARDIANS' SECTION: *Please have both parents OR guardian provide all the information requested below. If either parent is retired or deceased, indicate previous occupation and most recent income.*

Father's occupation:		Annual gross income in Euro €
Mother's occupation:		Annual gross income in Euro €
Indicate below type and value of other family assets (home(s), land, businesses and other investments) not included above:		
Number of dependents in family: Ages of dependents:		We can provide funding in the amount of Euro:
_____	_____	_____
father's signature	mother's signature	guardian's signature

APPLICANT'S SECTION:

Tuition at the SAIS Bologna Center for academic year 2010-11 is €29,000 and living expenses are estimated at €900 per month. Tuition for 2011-12 will be set soon. **AN ESTIMATED MINIMUM BUDGET OF €39,800 SHOULD BE EXPECTED FOR 2011-12.**

PERSONAL RESOURCES: List below in EURO all the resources you expect to have available to cover tuition and living expenses.

Do not include among your resources grants or fellowships ADMINISTERED solely or jointly by Bologna Center with/for donor organizations:		
Savings	Euro €	The estimated budget for 2011-12 is €39,800 (Euro)
Support from family	Euro €	
Other (relative, friend, loan)	Euro €	
Total Resources	Euro €	
		Amount of financial aid requested in Euro €

OTHER RESOURCES:

Have you applied to other organizations for a grant or fellowship that would enable you to attend the Bologna Center? _____
If so, indicate amount, name of organization and expected date of notification:

If not, state reason:

Have you applied for admission or financial aid to attend other graduate programs? _____ If so, specify schools/programs:

Have you applied for a loan? _____ If so, indicate amount: € _____ and lending institution:

If not, state reason:

EMPLOYMENT:

If you are employed, indicate occupation:	Annual gross salary in Euro €
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I hereby certify that all the information provided above is true and correct. I understand that I cannot be considered for any funds available unless all information and documents are submitted.

Signature:	Date:
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Any additional information that you feel is relevant may be attached in a separate statement.