

APPLICATION FOR FINANCIAL ASSISTANCE

ACADEMIC YEAR 2011-2012

Before completing this form, please read the financial aid guidelines carefully!

SECTION A: PERSONAL STATEMENT OF FINANCIAL NEED

Please provide us with a statement explaining why you will need financial assistance to attend ECLA. Furthermore, please tell us about any facts or circumstances that are relevant to financial assistance, but may not be included in or obvious from the data supplied in this form. Concentrate on financial aspects. **Grades, awards, extracurricular activities are irrelevant for financial aid!**

SECTION B: STUDENT INFORMATION

1. NAME:

Last Name

First Name

Middle Name

2. CURRENT ADDRESS:

Street, Number, Apt., etc.

City

State

ZIP/Postal code

Country

Telephone (including country and city codes)

E-Mail Address (please provide only one valid address)

SECTION B: STUDENT INFORMATION

3. MAILING ADDRESS (if different from 2.):

Street, Number, Apt., etc.

City

State

ZIP/Postal code

Country

Telephone (including country and city codes)

4. GENDER: male female

5. DATE OF BIRTH: _____

6. PLACE OF BIRTH: _____

7. PRESENT CITIZENSHIP: _____

8. MARITAL STATUS: married not married

If married, how many people are financially dependent on you? _____

9. Do you have a source of emergency funds in Germany? Yes No

If yes, name source, amount, currency: _____

10. How will you pay for your transportation to Berlin? _____

SECTION C: FAMILY INFORMATION

1. YOUR PARENTS' MARITAL STATUS: Married Not married Separated Mother living/father deceased

Other: _____

2. FATHER'S NAME: _____

3. MOTHER'S NAME: _____

(a) Address: _____

(a) Address: _____

(b) Telephone: _____

(b) Telephone: _____

(c) Occupation/Title: _____

(c) Occupation/Title: _____

(d) Employer: _____

(d) Employer: _____

(d) Number of years with present employer: _____

(d) Number of years with present employer: _____

4. How many persons, including yourself, depend on the family's income for daily expenses? _____

SECTION C: FAMILY INFORMATION

5. List each dependant. Provide information for all family members you included in 4 above. Remember to write about yourself:

Full Name	Age	Relationship (see code below)

Code: 0=self, 1=parent, 2=stepparent, 3=legal guardian, 4 brother or sister, stepbrother or stepsister, 6=spouse, 7=son or daughter, 8=grandparent

SECTION D: FAMILY FINANCIAL RESOURCES

1. ANNUAL INCOME Currency _____

	2010	2011 (estimated)
a) Father's earnings from employment		
b) Father's business/investment income (rent, interest, tax refunds, farm income, etc)		
c) Other income (please specify):		
d) TOTAL INCOME (add lines a to c)		
e) Annual income taxes paid / social security contributions		
f) TOTAL NET INCOME (line d minus line e)		
g) Mother's earnings from employment		
h) Mother's business/investment income (rent, interest, tax refunds, farm income, etc)		
i) Other income (please specify):		
j) TOTAL INCOME (add lines g to i)		
k) Annual income taxes paid / social security contributions		
l) TOTAL NET INCOME (line j minus line k)		
m) other person's earnings from employment (specify who):		
n) other person's business/investment income (interest, tax refunds, farm income, etc)		
o) Other income (please specify):		
p) TOTAL INCOME (add lines m to o)		
q) Annual income taxes paid / social security contributions		
r) TOTAL NET INCOME (line p minus line q)		
s) TOTAL NET FAMILY INCOME (add line f, line l and line r)		

SECTION D: FAMILY FINANCIAL RESOURCES

2. ANNUAL EXPENSES

	2010	2011 (estimated)
Rent/Mortgage (specify which):		
Debt or Loan Payment (please specify):		
Utilities (electricity, water, heating, telephone)		
Food, Clothing, Transportation, Personal Care		
Medical/Dental Costs (if not covered by insurance)		
Other expenses (please specify):		
TOTAL EXPENSES		

3. ASSETS AND LIABILITIES

Does your family own its home? Yes No

Year purchased _____ Original purchase price _____ Amount still owed on the home _____ Present market value _____

	2010
Net value of home (present market value minus amount still owed)	
Liquid assets (savings, bank accounts)	
Non liquid assets (business, farm)	
SUBTOTAL (assets)	
Liabilities (debts on business, farm)	
TOTAL ASSETS (Subtotal minus liabilities)	

4. Does your family own money, property or assets in another country? Yes No

(if yes, please include the amount in the assets above)

Money _____ Property _____ Assets _____

5. Does your family own a car? (if yes, please include the value in the assets above) Yes No

Make (Fiat, VW) _____ Year of manufacture _____
 Make (Fiat, VW) _____ Year of manufacture _____
 Make (Fiat, VW) _____ Year of manufacture _____

6. Will there be significant changes in your family's income next year? Yes No

If yes, please explain: _____

SECTION E: APPLICANT'S FINANCIAL RESOURCES

1. ANNUAL INCOME

Currency _____

	2010	2011 (estimated)
a) Applicant's earnings from employment		
b) Applicant's business/investment income (rent, interest, tax refunds, farm income, etc)		
c) Other income (scholarships, etc) please specify:		
d) TOTAL INCOME (add lines a to c)		
e) Annual income taxes paid / social security contributions		
f) TOTAL NET INCOME (line d minus line e)		
g) Spouse's earnings from employment		
h) Spouse's business/investment income (rent, interest, tax refunds, farm income, etc)		
i) Other income (please specify):		
j) TOTAL INCOME (add lines g to i)		
k) Annual income taxes paid / social security contributions		
l) TOTAL NET INCOME (line j minus line k)		
m) TOTAL NET APPLICANT'S INCOME (add line f and line l)		

2. ANNUAL EXPENSES

	2010	2011 (estimated)
Rent/Mortgage (please specify which):		
Debt or Loan Payment (please specify):		
Utilities (electricity, water, heating, telephone)		
Food, Clothing, Transportation, Personal Care		
Medical/Dental Costs (if not covered by insurance)		
Other expenses (please specify):		
TOTAL EXPENSES		

3. ASSETS AND LIABILITIES

Do you or your spouse own your home? Yes No

Year purchased Original purchase price Amount still owed on the home Present market value

	2010
Net value of home (present market value minus amount still owed)	
Liquid assets (savings, bank accounts)	
Non liquid assets (business, farm)	
SUBTOTAL (assets)	
Liabilities (debts on business, farm)	
TOTAL ASSETS (Subtotal minus liabilities)	

4. Do you or your spouse own money, property or assets in another country? Yes No
 (if yes, please include the amount in the assets above)

Money _____ Property _____ Assets _____

5. Do you or your spouse own a car? (if yes, please include the value in the assets above) Yes No

Make (Fiat, VW) _____ Year of manufacture _____

Make (Fiat, VW) _____ Year of manufacture _____

6. Will there be significant changes in your or your spouse's income next year? Yes No

If yes, please explain: _____

7. Are you planning to hold a summer job or other paid positions in the months prior to the start of the academic programme at ECLA?

Yes No
 If yes, what amount do you expect to earn? (include value above in line 1.a) for 2011) _____

8. Are you planning to waive the statutory student health insurance offered by ECLA?

Yes No
 If yes, you must attach the Health Insurance Waiver 2011-2012 to your financial aid application

SECTION F: EDUCATIONAL SUPPORT

1. Have you applied or are you planning to apply for financial assistance from sources other than ECLA? Please list agencies, foundations or government bodies to which you have applied or are applying:

Agency/Foundation/Government	Application date	Notification date	Expected amount
_____	_____	_____	EUR
_____	_____	_____	EUR

2. Please list the expected contribution toward the ECLA comprehensive fee (not including travel expenses and spending money) from each source listed below (in EUR):

Your earnings	EUR
Your assets	EUR
Your family's income	EUR
Family's assets	EUR
Relatives and friends	EUR
Your government	EUR
Agencies and foundations	EUR
Private sponsor (please explain in section A)	EUR
Other (please explain in section A)	EUR
TOTAL	EUR

DOCUMENTATION OF FINANCIAL INFORMATION

Documentation must be provided to verify the financial situation requested above. All documents must be certified. Documents in languages other than German or English must be accompanied by a certified German or English translation. Please check what type of documentation you will be sending:

- Tax forms Statement from employer Bank statement(s) Scholarship/award notification letter(s)
 Health Insurance Waiver 2011-2012 Other (please specify): _____

NON-DISCRIMINATORY POLICY

The European College of Liberal Arts Berlin admits students of any race, colour, national origin, ethnic origin, sex, gender identity, religion, sexual orientation, and age to all the rights, privileges, programmes, and activities generally accorded or made available to students at the college. It does not discriminate on the basis of race, colour, national origin, ethnic origin, sex, gender identity, religion, sexual orientation, and age in administration of its educational policies, admission policies, scholarship and loan programmes, and athletic and other school-administered programmes.

CERTIFICATION AND AUTHORIZATION

We declare that the information on this form is true, correct and complete. The European College of Liberal Arts Berlin has our permission to verify the information reported by obtaining documentation as needed. We understand that we must give notice to the Financial Aid Office of the European college of Liberal Arts if our financial situation changes. We recognize that providing fraudulent information is grounds for the termination of the application process. In a case where admission has already been granted, we recognize that it may jeopardize one's student status.

Student's signature _____ Date _____

Spouse's signature _____ Date _____

Father's signature _____ Date _____

Mother's signature _____ Date _____

CONSENT FORM

FOR USE OF ELECTRONIC NOTIFICATION

I hereby grant European College of Liberal Arts Berlin permission to send me notification of a financial aid award to the email address indicated below. My signature below represents my understanding that email is considered an insecure medium. I release the college from any responsibility or liability should a breach of privacy result from this email communication. This permission remains in effect until such time as I revoke it in writing.

Student's Name (please print) _____

Student's Signature _____

Student's E-Mail Address _____

Date _____

Return this form by mail or fax to:

Financial Aid Office
European College Of Liberal Arts
Platanenstrasse 24
13156 Berlin
Germany

Phone: 49(0)30 - 437 33-107

Fax: 49(0)30 - 437 33-100

or

email scanned copy to:

finaid@ecla.de