INTERNATIONAL STUDENT APPLICATION FOR FINANCIAL AID

Please submit this completed form and documentation to Augustana College International Programs Office. Fax to 605-274-5049 or Scan to ipo@augie.edu

Priority Deadline: February 1

PERSONAL INFORMATION

________________________________________________________

Family/Surname

First/Given

Middle

Place of Birth

Birth date (MM/DD/YYYY)

Home Address

City

State

Post Code

Country

Mailing Address (If different from home address)

City

State

Post Code

Country

Home Telephone

(Country Code)

City/Area Code

Number

Cell Number

(Country Code)

City/Area Code

Number

Country/ies of Citizenship

If currently in the U.S., what type of visa do you hold?

Not Married ☐

Married ☐

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

Please list the names of the colleges and universities to which you are applying.

________________________________________

________________________________________

________________________________________

________________________________________

APPLICATION INFORMATION

Type of Applicant:

First Year Student ☐

Transfer Student ☐

Returning Student ☐

Anticipated Date of Enrollment: _____________________________

Have you ever applied for financial assistance at Augustana College?  No ☐

Yes ☐

If yes, list most recent academic year of application. ____________________________
What is your parent(s)' current marital status:  Married  ☐  Separated/Divorced  ☐  Other  ☐  Mother Deceased  ☐  Father Deceased  ☐

Parent  ☐  Stepparent  ☐  Guardian  ☐  Parent  ☐  Stepparent  ☐  Guardian  ☐  Parent  ☐  Stepparent  ☐  Guardian  ☐

Surname/Family Name  First/Given Name  Surname/Family Name  First/Given Name

Home Address  ____________________________________________  Home Address  ____________________________________________

E-mail  ____________________________________________  E-mail  ____________________________________________

Occupation/Title  ____________________________________________  Occupation/Title  ____________________________________________

Employer  ____________________________________________  Employer  ____________________________________________

Number of Years with Employer  ____________________________________________  Number of Years with Employer  ____________________________________________

Work Phone Number  ____________________________________________  Work Phone Number  ____________________________________________

If parents are separated or divorced, which parent do you live with? ____________________________________________

How many people (including yourself) depend on the income of your parent(s) or guardian(s) for daily living expenses? _____

HOUSEHOLD INFORMATION

Fill in the information about the people you and your parent(s) will support between July 2014 and June 30, 2015. Include: yourself, your parent(s), and your parent(s) dependent children.

Include other people only if they: lived in your home and received more than half of their support from you or your parent(s) at the time you complete this application, and will continue to get this support between July 2014 and June 30, 2015.

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Relationship to you</th>
<th>Will attend college in 2014-2015 (Circle yes or no)</th>
<th>Name of school or college this person will attend in 2014-15</th>
<th>Year in School 2014-15</th>
<th>Annual Cost to attend US $</th>
<th>Amount provided by family US $</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes  No</td>
<td></td>
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<td></td>
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<td></td>
<td>Yes  No</td>
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<td></td>
<td>Yes  No</td>
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<td>Yes  No</td>
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<td></td>
<td>Yes  No</td>
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</tbody>
</table>

Number in college in the U.S.:  Year 1  _____  Year 2  _____  Year 3  _____  Year 4  _____

Note: No increase in financial aid is made after the first year for additional siblings in college.
**FINANCIAL INFORMATION**

What is the current exchange rate of your country’s currency to the U.S. dollar? ____________________________________________________________

(Example: 5.62 Norwegian Krone = $1 U.S.)

Does your government currently impose restrictions on the exchange and release of funds for study in the United States?

No ☐ Yes ☐ If yes, please describe the restrictions. ____________________________________________________________

Do you have a source of emergency funds once you arrive in the U.S.? Yes ☐ No ☐

If yes, name source and amount available in U.S. dollars. ____________________________________________________________

How will you pay for your transportation to and from home?

Do you have relatives or family friends currently living in the U.S.? Yes ☐ No ☐

Please provide student’s and parents’ 2013 income and a projection of 2014 income below. Documentation must be provided with this form to verify parental income and asset information. Documentation may include a statement from an employer, bank statements, or tax forms. Please convert all currency figures to U.S. dollars ($).

<table>
<thead>
<tr>
<th>STUDENT INCOME INFORMATION</th>
<th>Actual 2013</th>
<th>Projected 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Student’s income from work</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Spouse’s income from work (if applicable)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Interest and dividend income from stocks, bonds, savings accounts, etc.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Other income – list source:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PARENT INCOME INFORMATION</th>
<th>Current Value</th>
<th>Debt</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Father/stepfather’s income from work</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Mother/stepmother’s income from work</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Interest and dividend income from stocks, bonds, savings accounts, etc.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Income from pension, annuities retirement</td>
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<td></td>
</tr>
<tr>
<td>5. Income from family business</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Income from other members of the household</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Income from rental property</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Other income – list source:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FAMILY ASSET INFORMATION</th>
<th>Current Value</th>
<th>Debt</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Parent’s retirement plans (include on this line only)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Parents’ cash, savings, and checking</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Parents’ investments – stocks/bonds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Parents’ home</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Parents’ real estate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Parents’ business/farm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Student’s cash, savings and checking</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Student’s investments and real estate</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**EXPENSE INFORMATION**

Please indicate your family’s annual expenses for 2014 (in U.S. Dollars)

1. Rent or mortgage _____________________________________________
2. Utilities _____________________________________________
3. Food _____________________________________________
4. Clothing _____________________________________________
5. Household _____________________________________________
6. Medical Care _____________________________________________
7. Insurance _____________________________________________
8. Retirement Plans _____________________________________________
9. Automobile maintenance _____________________________________________
   Automobile(s) model, year _____________________________
10. Loan Payments _____________________________________________
11. Servants _____________________________________________
12. Vacations _____________________________________________
13. Entertainment _____________________________________________
14. Taxes _____________________________________________
15. Other – List: _____________________________________________
SOURCES OF FUNDS

The total estimated expenses for the 2014-2015 academic year are approximately U.S. $39,000 (estimated costs include tuition, room, food, fees, health insurance and books). Please use the chart below to enter the expected amount of money that will be paid toward your annual educational costs.

DO NOT LEAVE BLANKS. ENTER “0” IF NONE.

- Fill out the chart in U.S. dollars
- Fill out the chart for all four years.
- Provide supporting financial documentation.

<table>
<thead>
<tr>
<th>Amount of money available from:</th>
<th>First Year</th>
<th>Second Year</th>
<th>Third Year</th>
<th>Fourth Year</th>
<th>Documentation Required:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Income</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>Signed statement from employer</td>
</tr>
<tr>
<td>Family Assets</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>Official bank statements</td>
</tr>
<tr>
<td>Student Assets</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>Official bank statement</td>
</tr>
<tr>
<td>Relatives</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>Signed statement of support and third party documentation of funds</td>
</tr>
<tr>
<td>Your Government</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>Official statement</td>
</tr>
<tr>
<td>Agencies and Foundations (Example: IIE, UGRAD)</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>Official statement</td>
</tr>
<tr>
<td>Private Sponsor* See Below</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>Signed statement of support and third party documentation of funds</td>
</tr>
<tr>
<td>Other (explain)</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>Signed documentation</td>
</tr>
<tr>
<td>TOTAL</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
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</tbody>
</table>

CERTIFICATION AND AUTHORIZATION

We declare that the information on this form is true, correct and complete. The institution has our permission to verify the information reported by obtaining documentation as needed.

WARNING: Providing false information may jeopardize a student’s visa status and result in Augustana College revoking its initial decision to enroll the student.

Student Signature ______________________________________________________ Date ____________________

Parent/Stepparent Signature ________________________________________________ Date ____________________

Parent/Stepparent Signature ________________________________________________ Date ____________________

*Sponsor Information

Sponsor’s Name ____________________________________________________________ Sponsor’s Name ____________________________________________________________

Address ________________________________________________________________ Address ________________________________________________________________

Phone Number __________________________________________________________ Phone Number __________________________________________________________

E-mail _________________________________________________________________ E-mail ________________________________________________________________

Employer ______________________________________________________________ Employer __________________________________________________________