

International Student Application for Financial Aid



Instructions: This form & documentation should be faxed to 216.397.3098, e-mailed to enrollment@jcu.edu or mailed to John Carroll University, Office of Financial Aid, 1 John Carroll Boulevard, University Heights, OH 44118. If you have questions about completing this form you can call 888-335-6800.

STUDENT INFORMATION - SECTION A

- Miss, Ms., Mrs.
 Mr.

Name	Family (surname)	First (given)	Middle
Permanent Home Address	Number/Street	City	State/Province
		Country	Postal/Zip Code
Home Telephone	(Country Code) Area Code /Street Number	Mobile Telephone	(Country Code) Area Code

SOURCES OF FUNDS – SECTION B

Indicate in US dollars, the financial sources and amounts available to cover your expenses and provide the appropriate supporting documentation. Enter the expected amount of money that will be paid toward your educational costs for each of the four years below.

ENTER "0" IF NONE – DO NOT LEAVE ANY SECTION BLANK

Amount of money available from each source	Documentation required	1st Year	2nd Year	3rd Year	4th Year
Family Income	Signed Statement from Employer	\$	\$	\$	\$
Family Assets	Provide official bank statements				
Student Income					
Student Assets	Provide official bank statements				
Relatives & Sponsors	Provide signed statement of support and third-party documentation of funds				
Your Government	Provide Official Statement				
Agencies & Foundations	Provide Official Statement				
Other (explain)	Provide signed documentation				
Total					

FINANCIAL INFORMATION – SECTION C

Documentation must be provided to verify income and asset information requested on this form. Please check the type of documentation you will be sending.

- Tax Forms Statement from Employer Other (specify – i.e. bank statement) _____

Does your government currently impose restrictions on the exchange & release of funds for study in the US? Yes No

If yes, describe restrictions: _____

How will you pay for your transportation to and from the United States? _____

During 2014, how much of your household income (before taxes or expenses) came from the following sources (in US dollars)?

- | | | | | | |
|-------------------|----------|--------------------------------|----------|--|----------|
| a. Father's work | \$ _____ | e. Family business | \$ _____ | i. Interest or dividends | \$ _____ |
| b. Mother's work | \$ _____ | f. Family real estate holdings | \$ _____ | j. Housing, food & other living allowances | \$ _____ |
| c. Student's work | \$ _____ | g. Investment/Asset | \$ _____ | k. Other (explain) | \$ _____ |

Will there be a significant increase or decrease in your family's income next year? Yes No If yes, explain: _____

HOUSEHOLD INFORMATION – SECTION D

Provide information for all family members in your parent’s household. **Do not include information about yourself.**

Full name of family member	Age	Educational information 2014-15							Educational info 2015-16		
		Relationship to you	Name of school or college	Year in school or college	Tuition and fees	Room and board	Scholarships and gift aid	Parent's Contribution	Name of school or college	Total Cost	Parent's contribution

Expenses – Section E

How much did your family spend on the following expenses during 2014? (in US dollars)?

Rent or mortgage	\$ _____	Amount allocated to savings/retirement	\$ _____
Utilities	\$ _____	Automobile maintenance	\$ _____
Food	\$ _____	Insurance (health and property)	\$ _____
Clothing	\$ _____	Entertainment	\$ _____
Household necessities	\$ _____	Vacations	\$ _____
Educational expenses	\$ _____	Servants	\$ _____
Medical expenses	\$ _____	Other	\$ _____
Loan Payments	\$ _____	Please explain:	_____
Taxes	\$ _____		

SPECIAL CIRCUMSTANCES – SECTION F

Use this space to explain any unusual expenses, other debts, or special circumstances that the institution should consider when it is deciding how much financial aid, if any, you will receive. Use additional sheets of paper if necessary.

CERTIFICATION AND AUTHORIZATION - SECTION G

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. We understand that additional information may be requested to document figures reported on this form.

Student Signature _____	Date _____
Parent Signature _____	Date _____
Parent Signature _____	Date _____

****Providing false information may jeopardize a student’s Visa status and may result in John Carroll University revoking its initial decision to enroll the student.****