

A.D.U. FINANCIAL ASSISTANCE & SCHOLARSHIP APPLICATION FORM:
2020/2021 APPLICATION CYCLE

GUIDELINES

- Our financial aid process is need-based to ensure that talented students can afford a world-class education, regardless of their economic resources.
- A.D.U. has limited resources and therefore cannot provide financial assistance to all applicants. We cannot guarantee you will receive the full amount requested so it is critical that you do not request more assistance than you need. Scholarships are limited and only for students who cannot afford to pay the full fees.
- All the information provided must be accurate and true. Any falsification of information on this application may result in the withdrawal of your admission to the University.
- All information contained in the application and supporting documentation will be held in the strictest confidence. The information you provide is distributed only to the members of the Scholarship Committee.

CHECKLIST

- Completed and signed scholarship form.
- Utility bills of your household.
- Supporting documents (i.e. pays lips / bank statements/ loan documents) for at least 3 months.

SECTION A

TUITION AND FEES

- The expectation is that your family will pay the full amount every year over the next 3 years.
- Applicants are considered based on documented financial need and upon a thorough assessment by A.D.U. Scholarship Committee of all information gathered during the admissions process for each candidate
- Most scholarship awards vary, based on demonstrated need, academic merit and availability of funds. Scholarships may be either full or partial to cover specific items as stated in the admissions offer letter.

Please provide responses to the following questions:

How do you intend to pay for this program (respond with corresponding amounts where applicable, A.D.U. scholarship should be the amount you need to make the total come to CFA1,200,000.

| S/N | ITEM | RESPONSE |
|-----|--------------------------------------|----------|
| 1. | Family Contributions | |
| 2. | Loans | |
| 3. | A.D.U. Scholarship | |
| 4. | Savings | |
| 5. | Other Sponsorship (<i>specify</i>) | |
| | Total | |

| S/N | Additional Question | Response |
|-----|--------------------------------------|----------|
| 1. | Who paid for your previous schooling | |
| 2. | Relationship | |

SECTION B

HOUSEHOLD DEPENDANTS

How many people, including yourself, depending on the income of your parents/guardians for their daily living?

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How many people, including yourself, depending on the income of your parents/guardians for their educational costs?

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| |
|--|

Complete the table below for all members of your family living in your parents'/guardians' home, including yourself:

| S/N | Full Name | Age | Relationship | Occupation |
|-----|-----------|-----|--------------|------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |
| 8. | | | | |
| 9. | | | | |
| 10. | | | | |

SECTION C**FAMILY EXPENSES**

Tell us, to the best of your ability, how much your family spends per year to meet its household living expenses. Specific categories are provided below.

| S/N | ITEM | AMOUNT (In US Dollars) |
|-----|-----------------------|------------------------|
| 1. | Rent/Mortgage | |
| 2. | Food | |
| 3. | Fuel | |
| 4. | School Fees | |
| 5. | Health Insurance | |
| 6. | Entertainment | |
| 7. | Public Transportation | |
| 8. | Utility Bills | |
| 9. | Medical Bills | |
| 10. | House Help | |
| 11. | Vacation | |
| 12. | Other Expenses | |
| | Total | |

If family expenses exceed monthly income, please explain how expenses were met below:

SECTION D**ESSAY**

In 500 words, please tell us why we should consider you for this scholarship?

SECTION E**REFERENCES**

Provide the name and contact details of two references. *(Do not include relatives).*

Reference 1

| | | |
|----|---------------|--|
| 1. | Name | |
| 2. | Address | |
| 3. | Phone Number | |
| 4. | Email Address | |

Reference 2

| | | |
|----|---------------|--|
| 1. | Name | |
| 2. | Address | |
| 3. | Phone Number | |
| 4. | Email Address | |

SECTION F**CERTIFICATION**

(To be signed by Student and Parents/Guardians)

I certify that all the information provided on this form and all supplementary forms is true, correct, and complete. I hereby authorize the A.D.U Admissions committee or its representatives to obtain such additional information concerning my educational program and financial records needed to complete the processing of this application. It is also my understanding that the University may, as it deems appropriate, release to others who may be considering me for a scholarship award or making decisions relating to my educational plans, information concerning the amount of any award I receive. If granted admission, I understand that providing false information could result in the withdrawal of my scholarship award as well as my dismissal from A.D.U.

Student's Signature

Date

PARENT GUARDIAN DECLARATION

I declare that I have read this form/this form has been read to me and I hereby confirm that the information given herein is true and to the best of my knowledge.

Father's Signature

Date

Mother's Signature

Date
