

FINANCIAL ASSISTANCE APPLICATION

All applications must be submitted to the Office of Financial Services located at 22 Massalias Street, 6th Floor.

1. APPLICANT INFORMATION

PERSONAL INFORMATION

Last Name			
First Name			
Student ID			
Date of Birth	(D)	(M)	(Y)
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
Citizenship			

- ☐ New Applicant
 ☐ Current Financial Assistance Recipient
☐ Former Financial Assistance Recipient
 ☐ Former Rejected Applicant

Academic year and term for which Financial Assistance is requested

☐ Fall (September)

☐ Spring (February)

Academic Year:

NOTE: Continuing students may only submit Financial Assistance Applications in the Fall

TYPE OF FINANCIAL ASSISTANCE REQUESTED:

☐ MERIT

☐ NEED

Undergraduate Applicants

☐ Academic Excellence

☐ Departmental Scholarship

☐ Community Involvement

Graduate Applicants

☐ Academic Excellence

☐ Leadership Scholarship

☐ Community Involvement

NOTE: Applicants may request a combination of Merit and Need based awards. In such a case the total scholarship percentage to be awarded will not exceed the 50% of the applicant's program tuition charges.

STUDENT MATRICULATION

Entering Students:

Academic Year of Intended Entry:

Semester of Intended Entry:

Degree

Major:

Apolytirion/High School GPA:

Continuing Students:

Academic Year & Semester of Entry:

Number of Credits Completed:

Degree

Major:

Current GPA:

Transfer Students:

Academic Year & Semester of Transfer:

Institution Attended:

Degree

Major:

Did you receive Financial Assistance while a student at the previous Institution?

Yes ☐

No ☐

If yes, indicate type of award:

If yes, indicate amount or (%) of award:

Deadlines:

Entering and Transfer students may submit an application along with their Admission's Application.

Continuing Students (new applicants) may submit an application up to a week before the start of the Fall Semester.

Continuing Students (request for award revision) may submit an application up to a week before the start of the Fall Semester however, only after a full academic year has elapsed from their initial application

APPLICANT'S CONTACT INFORMATION

Current Mailing Address

Street Name & Number:

City

State/District/Region

Zip/Postal Code:

Country

Telephone (include area code):

Mobile Phone:

E-mail address:

Permanent Address (if different from above)

Street Name & Number:

City

State/District/Region

Zip/Postal Code:

Country

Telephone (include area code):

Mobile Phone:

E-mail address:

2. APPLICANT AND FAMILY INFORMATION

Applicant's Marital Status: ☐ Single ☐ Married ☐ Divorced
Parents' Marital Status: ☐ Married ☐ Divorced
Family Status: ☐ Mother deceased ☐ Father deceased

	Full Name	HAEC/ HAUniv/ HAU Affiliation	Employment (if any) Occupation	Details (Name of employer, Company, School or University attended, etc)	Living in household. If NO please specify (e.g. Divorced, deceased, University student, Married, etc.)
Father					
Mother					
Sibling					
Sibling					
Sibling					
Other Dependents					
Other Dependents					

3. FINANCIAL INFORMATION

Financial assistance awards are based on financial need as well as merit. For this we need all the necessary information regarding the family and personal income of each applicant. Please fill the information based on this year's tax filings concerning income earned in the previous year.

1. Family Annual Income

	From Employment	From Independent Profession or Business	From Rents	Other Income (*)
Applicant	€	€	€	€
Father	€	€	€	€
Mother	€	€	€	€

(*) Please specify:

2. Family Assets

Housing	Owns House (m2)	Owns House w/mortgage (m2)	Rents House (m2)	Hosted
Applicant				
Father				
Mother				

Automobile(s)	Cubic cm	Manufacture Year	Acquisition year	Owner
First Vehicle				
Second Vehicle				
Third Vehicle				

Other Assets	Type of Asset	Ownership % if not fully owned
Applicant		
Father		
Mother		

3. Family Annual Expenditure

	Applicant	Father	Mother
Housing (Rent or Mortgage if any)	€	€	€
Utility Bills	€	€	€
Food purchase	€	€	€
Transportation/Gas	€	€	€
Insurance (Life-Health-Accidents)	€	€	€
Credit Card Payments	€	€	€
Other Loans (Consumer/Car)	€	€	€
Clothing	€	€	€
Medical Expenses	€	€	€
Pension/Health coverage contributions if Independent Professional	€	€	€
Income tax paid	€	€	€
Special Tax Contributions paid			
Language School Tuition (for siblings/dependents)	€	€	€
Class Tutoring (for siblings/dependents)	€	€	€
Other Expenses (*)	€	€	€
Total Family Expenses:	€	€	€

(*) Please specify:

4. PERSONAL STATEMENT

Please provide any additional or explanatory information you wish to share with the Financial Aid Committee in support of your request for financial assistance. You may use additional space if needed.

[illegible]

DECLARATION OF FINANCES

"I declare that the information reported and submitted on this application is true and correct. No requested information is missing and I will give timely notice for any significant change in family status, income and/or assets.

WARNING: In case any of the information submitted is wrong or invalid, the financial assistance will be automatically revoked and the portion already dispensed will be returned to the College.

All applicants who are awarded any kind of Financial Assistance (grant and/or scholarship) are required to submit official documents (notarized tax papers, medical certificates, etc.) in support of their application. In case of discrepancies between the information provided in the application and the official documents, the financial assistance awarded will be automatically revoked and the portion already dispensed will be returned to the Institution.

Student Signature Parent Signature

Date

The personal data stated herein above are collected and processed within the frame and for the purposes of the program in accordance with the provisions of the Greek Law No 2472/1997, as such law is each time modified and being in force, will be kept in strict confidence and will not be disclosed to any third party, save if requested so by the data subject or is required by the law for judicial purposes. The data subjects are entitled to the rights provided to them by virtue of articles 11-14 of the Greek Law No 2472/1997. By signing the application above, both the student and the parent expressly consent to the above collection and processing of their personal data.

The institution admits students of any race, color, sexual orientation, national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, sexual orientation, national and ethnic origin in the administration of its education policies, admission policies, scholarship and loan programs, and athletic and other school-administrated programs.

OFFICE OF FINANCIAL SERVICES
22 MASALIAS STREET
ATHENS 106 80
+30 210 36 80 995

APPENDIX: SUPPORTING DOCUMENTS

Please submit the following documents with this application form:

1. TAX Statements:

- Copies of the **most recent tax forms** (Δήλωση Φορολογίας Εισοδήματος – E1) for both the family and the student (if employed).*
- Copies of the **most recent tax clearance forms** (Εκκαθαριστικό Σημείωμα) for both the family and student (if employed).*
- Copies of the E9 form for current tax year (Δήλωση Στοιχείων Ακινήτων – E9). If there have been changes in your property, you must submit E9 forms for the years after 2005. Otherwise you must submit a notarized «Υπεύθυνη Δήλωση» statement certifying that there have been no changes in your property.
- Copies of the «Δήλωση Φόρου Μεγάλης Ακίνητης Περιουσίας» (ΦΜΑΠ), if submitted.

* Students whose **parents are self-employed** (e.g. small business owners or lawyers) must submit, in addition to the current year's tax forms, the tax forms for the previous two years.

If any part of the applicant's income or parent's income is ***not subject to taxation*** and thus does not appear on the tax form (Δήλωση Φορολογίας Εισοδήματος), this must be clearly indicated on the application.

- 2. Additional documents** which may be requested if further evidence is needed, for example in case of medical expenses, loans, etc. (refer to #10 under "Family Financial Information").
- 3. Students who also attend Greek Public Higher Education Institutions** (A.E.I., T.E.I., etc.) must submit evidence that they are enrolled for the Academic Year or Term for which they are requesting financial aid.