



THE AMERICAN UNIVERSITY OF ROME

FINANCIAL NEED SCHOLARSHIP APPLICATION

For incoming students only

(Returning students please see Hardship Scholarship)

Please submit the following required documentation along with this application:

- letter of request to the scholarship committee explaining how you demonstrate financial need (500 words)
- Parent or Sponsor's official governmental financial statement
Examples: US citizens- **FAFSA** (or Income Tax Form)
Italian citizens- **ISEE**
UK citizens- **P60**
Other International students- Please contact financialaid@aur.edu

PERSONAL INFORMATION

First Name _____ Last name _____

Email _____

Country of citizenship _____ Male Female

Birth date (mm/dd/yyyy) ____/____/____

Anticipated semester of entry (mm/yyyy) ____/____

Major _____

FINANCIAL INFORMATION

Are you receiving scholarship support from sources other than AUR? Yes No

If yes, please give details of source and amount you expect to receive:

Source: _____ Amount: _____

Would you consider loans? (For US citizens or eligible non-citizens) Yes No

Would you consider the student training program? (For returning/transfer students only)
Yes No

READ, SIGN, AND DATE BELOW

The University has a limited number of scholarships, which include student training positions and AUR scholarships. Funds awarded are applied to tuition expenses. The value of AUR scholarships will not exceed the cost of tuition. The Financial Need Scholarship is renewable until degree requirements are met or for a maximum of four years. Scholarships awarded for the academic year will be allocated in equal parts between the Fall and Spring semesters. Students must also maintain full time status. Students must also maintain full time status and remain in good academic standing to be eligible. New students are selected based on their ability to express financial need. Only transfer students are eligible for the student training program their first semester at AUR.

If a student defers their enrollment from the original entry date a scholarship may be extended for the length of deferral. If the student is asked to reapply to the University, they must also reapply for their scholarship award unless otherwise notified.

If you have any questions, please contact the Financial Aid Administrator. Please **send or hand deliver your application along with all supporting documents to:**

By Mail:

**Financial Aid Administrator
The American University of Rome
Via Pietro Roselli, 4
00153 Rome, Italy**

By Email:

financialaid@aur.edu

I have read and fully understand "The American University of Rome Scholarship Information". All of the information provided by me or any other person on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give further proof to the information I have given on this form. When financial need is claimed, I realize that I must provide additional supporting documentation. I also realize that if I do not provide AUR with proper documentation, the scholarship may be denied.

I understand that I may not receive a scholarship if I owe payment to prior tuition unless I have made satisfactory arrangements to repay.

SIGNATURE OF APPLICANT

DATE ____/____/____