



AMERICAN  
FOREIGN  
ACADEMIC  
RESEARCH

## Financial Aid Request Form

American Foreign Academic Research provides financial assistance to deserving students with financial needs. Since 2007, we have been able to offer financial aid to dozens of students who have contributed greatly to our research objectives. We are very pleased to continue this tradition by committing as much aid as possible. Although we strive to meet every student's financial need, resources dictate the amount that we can award each student. Because of this, we ask that you request only the amount of funding necessary to make the project possible. Financial aid requests will be reviewed by AFAR and applicants will be notified regarding whether they will be receiving aid and if so, the amount awarded. All reward determinations are made at the sole and absolute discretion of AFAR.

PROGRAM: \_\_\_\_\_

CURRENT SCHOOL: \_\_\_\_\_

FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

### Applicant Questions

Please answer the following questions to help our committee get an idea of who you are, what your expectations are with our program, and what you can contribute.

- Requested financial aid amount: \$ \_\_\_\_\_
- What do you expect to gain through your participation in the upcoming field project?
  
- How will you add to the success of the project?

**Parent/Guardian 1 (if income is listed, documentation must be provided)**

Name \_\_\_\_\_ Home \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Annual Income \_\_\_\_\_

Employment Status:  Employed  Self-Employed  Unemployed

**Parent/Guardian 2 (if income is listed, documentation must be provided)**

Name \_\_\_\_\_ Home \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Annual Income \_\_\_\_\_

Employment Status:  Employed  Self-Employed  Unemployed

**Other Income**

Please identify any and all sources of additional income and support (ex. Child support, other place of employment, alimony, disability, etc.):

Description \_\_\_\_\_ Monthly Amount \_\_\_\_\_

Description \_\_\_\_\_ Monthly Amount \_\_\_\_\_

Description \_\_\_\_\_ Monthly Amount \_\_\_\_\_

**Household Information**

Total Number of People in Household (include Participant, Children, and Adults) \_\_\_\_\_

**Certifications**

- **I agree to provide American Foreign Academic Research with at least one form of documentation as proof of my household income from the following sources:**
  - Recent pay stubs (within the last two months)
  - Letters verifying unemployment status
  - Tax Information (Most Recent W-2 Forms)
  - Letters verifying assistance from Social Services
  - Letters verifying assistance from free or reduced lunch

- I certify that the information contained in this application is complete and accurate.
- If the information contained in this application changes before or during my child's application process, I will notify American Foreign Academic Research immediately.
- I understand that providing false, incomplete, or misleading information may result in:
  - The loss of financial assistance
  - Required payment to American Foreign Academic Research for any scholarship aid provided

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Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

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Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Scholarship request forms for the 2018 Summer Research Season must be submitted with the project application form to be considered. Please attach any information that is not reflected on this application but should be considered when reviewing this application. Requests for scholarships are considered on a case by case basis.

**FORWARD COMPLETED FORM TO:**

financialaid@goafar.org