



**Financial Assistance Form**

**TO BE COMPLETED BY STUDENT**

Student Name: \_\_\_\_\_

I, \_\_\_\_\_, hereby give my permission to the financial  
aid office to provide the following information to IAU.  
student signature

Campus: Aix-en-Provence      Barcelona      Madrid      Florence      Other

Country: \_\_\_\_\_

Term: \_\_\_\_\_

**TO BE COMPLETED BY FINANCIAL AID OFFICE:**

The student listed below is planning to participate in a study abroad program with Institute for American Universities. In order to ensure our billing processes are as efficient as possible, we would appreciate your help in understanding if this student will be receiving any financial assistance which will be applied to their IAU program fees.

Please complete this form at your earliest convenience and email it to Debora Chlad, Assistant Director of Admissions & Student Financial Services, at [debora.chlad@iau.edu](mailto:debora.chlad@iau.edu). Any questions should be directed here as well.

Will financial aid (need or gift-based institutional, private, state, or government funds) for this student apply to their program abroad?  Yes       No

If yes, please list the exact amount: \$ \_\_\_\_\_

Will this disbursement be made to the student or directly to IAU? \_\_\_\_\_

Approximate date of disbursement: \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_

Institution \_\_\_\_\_ Title \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_