Financial Assistance Form

The student listed below is planning to participate in a study abroad program with IAU. 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 fax to our US Office in San Diego, CA at 847-864-6897. Should you have any questions, please don’t hesitate to contact us at registrar@iaufrance.org.

TO BE COMPLETED BY STUDENT

Student Name: ________________________________________________________________

I, ___________________________________________ , hereby give my permission to the financial aid office to provide the following information to IAU.

IAU Program:________________________________________________________________________

Country: _____________________________________________________________________________

Term: ________________________________________________________________________________

TO BE COMPLETED BY FINANCIAL AID OFFICE:

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 ________________________________