

Full Name _____		
Surname	First	Middle



## Ashesi University College

### Financial Aid Application & General Guidelines

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1. Financial aid is limited and only for students who cannot afford to pay the full fees. Do not apply for aid if you or your parents can pay the full fees.
2. The amount of financial aid awarded is based on documentation (e.g. bank statements, pay slips, loan documents, etc.) that your family must submit which proves your inability to pay.
3. Include a letter detailing the reasons why you need aid from Ashesi University.
4. If you apply for financial aid, our decision to admit you will be based in part on Ashesi's ability to grant your request. You cannot request financial aid after you have been admitted.
5. Ashesi has limited resources and therefore cannot provide assistance to all applicants. We cannot guarantee you will receive the full amount requested so it is critical that you do not request more assistance than you need.
6. All the information provided must be accurate and true. Any falsification of information on this application may result in your admission to the university being withdrawn.

**Students who receive financial aid must maintain a minimum cumulative GPA of 2.0 and above throughout their stay at Ashesi University or risk their financial aid being withdrawn.**

#### **Confidentiality Statement**

*All the information provided in this form by students and family members is held in the strictest confidence by the Administration of Ashesi University College. As a private organization, Ashesi University is not required to share financial information about students and parents with any other organization, either private or public. This information is used solely to calculate the optimum award package for students applying for financial aid. Please contact Ashesi's Admissions Office with any further questions about the privacy policy of Ashesi University.*

**Student Information**

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Full Name \_\_\_\_\_  
Surname First Middle

**Sponsor Information**

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Please provide the following information on **each sponsor of your education, including your parents if applicable.**

Full Name _____	Full Name _____
Relationship to the applicant _____	Relationship to the applicant _____
Home Address _____	Home Address _____
Post Office Box _____ City _____	Post Office Box _____ City _____
State/Region _____ Country _____	State/Region _____ Country _____
Day Phone _____	Day Phone _____
Evening Phone _____	Evening Phone _____
Employer Name _____	Employer Name _____
Job Title _____	Job Title _____
Total Annual Contribution (US Dollars) _____	Total Annual Contribution (US Dollars) _____

Full Name _____	Full Name _____
Relationship to the applicant _____	Relationship to the applicant _____
Home Address _____	Home Address _____
Post Office Box _____ City _____	Post Office Box _____ City _____
State/Region _____ Country _____	State/Region _____ Country _____
Day Phone _____	Day Phone _____
Evening Phone _____	Evening Phone _____
Employer Name _____	Employer Name _____
Job Title _____	Job Title _____
Total Annual Contribution (US Dollars) _____	Total Annual Contribution (US Dollars) _____

*\*Please do not repeat the details of any sponsor*

**Annual Income**

Please provide the following information about income from the **last 12 months** for yourself and each sponsor. **Attach certified copies of pay slips, bank account statements and other information for yourself and each sponsor as evidence of their income and ability to contribute to your education.** Provide estimates where necessary.

	<b>Yourself</b>	<b>Father</b>	<b>Mother</b>	<b>Sponsor Name</b>	<b>Sponsor Name</b>
<b>Annual Salary or pension</b>					
<b>Other Sources of Income</b> (please specify)					
<b>Other Sources of Income</b> (please specify)					
<b>YEARLY TOTAL</b>	_____	_____	_____	_____	_____

**Family Spending in the Last 12 Months**

<b><u>Item</u></b>	<b><u>Approximate Amount Spent</u></b>
1. Household expenses (food, etc.)	
2. Medical (attach evidence)	
3. School fees	
4. Rent (attach evidence)	
7. Mortgage & Loan Repayments (attach evidence)	
8. Other bill (please specify)	
9. Other bill (please specify)	
<b>TOTAL (over 12 months)</b>	_____

**In this section, fill in the names of all your siblings, their ages, the last school/university/institution they attended, their dates of attendance and the degrees/qualifications they acquired in the box below.**

<b>Full Name</b>	<b>Age</b>	<b>School/University</b>	<b>Dates of Attendance</b>	<b>Qualification/Degree</b>	<b>Annual Tuition Cost (\$)</b>

Are you transferring to Ashesi University from another University or College?  Yes  No If Yes:

Name of Institution \_\_\_\_\_ Address \_\_\_\_\_

Total Annual Cost of Attendance \_\_\_\_\_ How did you meet these costs? \_\_\_\_\_

**Annual Fee Commitment Declaration**

\$5,590 \_\_\_\_\_ (A) Total Annual Tuition at Ashesi

\$ \_\_\_\_\_ (B) Total **annual** financial assistance from Sponsor(s) section indicated on **page 2** of this application.  
*Please note that this is the amount you, your family and sponsors are contributing to your education every year until you graduate.*

\$ \_\_\_\_\_ (C) Total annual financial assistance from Ashesi you are requesting, which equals (A) minus (B).

**List the names of any organizations you have applied to for scholarships or grants to help you finance your education at Ashesi, the amount requested and the expected decision date.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Attach official certified copies of at least two (2) or more of the following documents for each person sponsoring your tuition fees:**

- |                    |                   |           |                            |
|--------------------|-------------------|-----------|----------------------------|
| Family tax forms   | Income statements | Pay slips | Other supporting documents |
| Business tax forms | Bank statements   |           |                            |

**Student Declaration**

I certify that all the information I have provided on this form and all supplementary forms is true, correct, and complete. I hereby authorize the Ashesi University Admissions Office or its representatives to obtain such additional information concerning my educational program and financial records needed to complete the processing of this application. It is also my understanding that the University may, as it deems appropriate, release to others who may be considering me for financial assistance or making decisions relating to my educational plans, information concerning the amount of any award I may receive.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Sponsor Declaration**

I declare that I have read this form/this form has been read to me and I hereby confirm that the information given herein is true and to the best of my knowledge. Please make additional copies of this page for additional signatories if necessary.

Name \_\_\_\_\_ Name \_\_\_\_\_

Signature \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_

Ashesi University College is committed to administering all educational policies and activities without discrimination on the basis of race, color, religion, national or ethnic origin, age, handicap or gender.

**Please note that any misrepresentation of information on your application will result in a rejection of your application or your dismissal from Ashesi if this is determined after you have been admitted.**