

AFFIDAVIT FOR THE CONTINUATION OF SCHOLARSHIP

I, _____, do hereby declare that over the last year there has been no significant change in my financial situation or that of my family's, to require a re-assessment of my scholarship amount based on need.

I understand that a change in the combined income of mine and my family of more than 20% is considered significant.

I understand that a false or incomplete declaration may result in the re-assessment of my scholarship, cancellation of my scholarship and/or expulsion from the University.

Signed _____

Date _____

Note: If you are in any doubt, we suggest that you re-submit the documents required for the assessment of your financial need, so they can be re-examined.

Additional requested information from a student:

Cell phone number _____

Home phone number _____

E-mail address (not AUCA's one) _____

ID # _____

Program _____

Year of study _____

Extracurricular activities:

Please list below extracurricular activities that you are involved in:

1. _____
2. _____
3. _____
4. _____
5. _____