



## Financial Assistance Form

The student listed below is planning to participate in a study abroad program with IAU College. 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 Wheaton, IL at 847-864-6897. Should you have any questions, please don't hesitate to contact us at [registrar@iaufrance.org](mailto: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.  
student signature

Program: IAU College

Center: \_\_\_\_\_

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 \_\_\_\_\_