2016-2017 INTERNATIONAL STUDENTS
Financial Aid Application and Instructions

This application packet is for:

- International Undergraduate students only.

Financial aid available to International students is limited since many of our financial aid programs are sponsored by the United States government and are intended only for United States citizens. It is our philosophy, that International students at UCLA should receive every consideration when we make awards for which they may be eligible.

SPECIAL INSTRUCTIONS FOR THIS APPLICATION

1. Return this application to Financial Aid and Scholarship office at A-129J Murphy Hall no later than March 2, 2016. The deadline for submission of supporting documentation is April 30, 2016. Late submission of this application or supporting documentation will result in you not receiving financial aid.

2. If, in Section 5 (“NEED ANALYSIS”) your anticipated resources for 2016-2017 are less than your resources during 2015-2016 you must submit documentation by April 30, 2016 to substantiate this claim.
   - If your parents’, relatives’, or friends’ contribution will be reduced, please submit supporting documents (ex: retirement papers, a letter from an employer verifying a loss in employment, medical reports indicating unusual expenses, or some other applicable form of documentation, include native-language copies and certified English translations of all documents.
   - If you aid from your government will be reduced, submit an official notice from your government.
   - If a non-UCLA scholarship will not be forthcoming, please submit a letter from the scholarship agency verifying this information.

3. Type or print clearly all requested information as completely and accurately as possible. Aid awards can be revoked if your answers are later found to be incomplete or inaccurate.

If you have any questions regarding this application or financial aid programs and procedures, contact the International Advisor within the Financial Aid and Scholarships office.

Financial Aid and Scholarships
Jennifer Bolden, International Advisor
A-129J Murphy Hall
Box 951435
Los Angeles, California 90095-1435
P:(310) 206-0417 Fax (310) 267-4143
ejbolden@saonet.ucla.edu
SECTION 1 – Student Information

Student I.D.# ___ ___ ___ - ___ ___ ___ - ___ ___ ___  Social Security # ___ ___ ___ - ___ ___ ___ - ___ ___ ___ - ___ ___ ___ ___  

Full Legal Name: ____________________________________________  
LAST  FIRST  MIDDLE  

Local address, at which you can always receive mail (must be a street address – do not use a P.O. Box or department address):  
Street address  
City, state, country  
Telephone (___) ___ ___ ___ - ___ ___ ___ 

SECTION 2 – Student Information

BIRTH DATE: ____/____/____  AGE: _______  GENDER: MALE____  FEMALE ____  
Marital Status: Single: ____  Married: ____  Spouse’s name: _______________ 
Citizenship: Visa Type: _____________________________ (please submit copy of your Visa) 
Country of Citizenship: _________________________________ 

How many children live with you and are dependent on you? _______ Ages: _______________ 
Where will you be living at while attending UCLA? (Check ONLY one) 
1. ___ parents’, relatives’, or guardians’ home 
2. ___ UCLA family-student housing  
3. ___ UCLA residence hall 
4. ___ Off-campus apartment or house 
5. ___ co-op, sorority, fraternity, or rented room 

SECTION 3 – Student Information

What year will you be enrolled for the 2016-2017 academic year? (circle one)  
1  2  3  4  5  GRAD  

All applicants must sign the following statement:  
This application can be considered only if signed. 
I hereby certify that to the best of my knowledge all information furnished in this application and in the accompanying documentation is complete and correct. 
I agree: 
1. to notify the Financial Aid and Scholarships office in writing within ten days of any changes in my financial circumstances that involves or will involve my receipt of $100 or more income than projected in this application whether from employment or from any other source. 
2. to provide, If requested, any other documentation (including income tax returns) necessary to verify information used in establishing a University of California, Los Angeles, Financial Aid award. 

Signature: __________________________  Date: _______  Spouse’s Signature: __________________________  Date: _______ 

Optional Statement 
I hereby authorize UCLA to release academic, financial and biographical data to agencies outside the University that may use it to determine my eligibility for additional aid. 

Signature: __________________________  Date: _______  Spouse’s Signature: __________________________  Date: _______
This application is complete only when this page and all other pages are fully filled out and when this page has been signed and dated by the applicant. UCLA Financial Aid and Scholarships office retains the right to revise or rescind any offer of financial aid if information presented on this form is found to be incorrect or incomplete.

**SECTION 4 – PARENTAL INFORMATION – MUST BE COMPLETED**

<table>
<thead>
<tr>
<th>FATHER, STEPFATHER, OR MALE GUARDIAN</th>
<th>MOTHER, STEPMOTHER, OR FEMALE GUARDIAN</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NAME:</strong>               <strong>LAST</strong></td>
<td><strong>FIRST</strong></td>
</tr>
<tr>
<td><strong>AGE:</strong></td>
<td><strong>OCCUPATION:</strong></td>
</tr>
<tr>
<td><strong>EMPLOYER’S NAME:</strong></td>
<td><strong>EMPLOYER’S NAME:</strong></td>
</tr>
<tr>
<td><strong>EMPLOYER’S ADDRESS:</strong></td>
<td><strong>EMPLOYER’S ADDRESS:</strong></td>
</tr>
<tr>
<td><strong>IF RETIRED, FORMER OCCUPATION (SUPPLY COPIES OF RETIREMENT PAPERS):</strong></td>
<td></td>
</tr>
</tbody>
</table>

**MARITAL STATUS OF PARENTS (CIRCLE ONE):**

1. MARRIED  
2. MOTHER LIVING, FATHER DECEASED  
3. OTHER PARENTS DECEASED  
4. SEPARATED  
5. FATHER LIVING, MOTHER DECEASED  
6. DIVORCED

**2015 PARENTAL RESOURCES**  
List your family's assets:

<table>
<thead>
<tr>
<th>Parent’s total income in U.S. $:</th>
<th>Land &amp; buildings</th>
<th>U.S. $</th>
<th>Bank Accounts</th>
<th>U.S. $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father’s total income (excluding tax paid, if any)</td>
<td>U.S. $</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother’s total income (excluding tax paid, if any)</td>
<td>U.S. $</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Business income</td>
<td>U.S. $</td>
<td>Investments</td>
<td>U.S. $</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>U.S. $</strong></td>
<td>OTHER</td>
<td><strong>U.S. $</strong></td>
<td></td>
</tr>
</tbody>
</table>

**2015 PARENTAL EXPENSES**  

<table>
<thead>
<tr>
<th>Rent/Mortgage</th>
<th>U.S. $</th>
<th>Medical Expenses</th>
<th>U.S. $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Utilities</td>
<td>U.S. $</td>
<td>Tuition (other children)</td>
<td>U.S. $</td>
</tr>
<tr>
<td>Food</td>
<td>U.S. $</td>
<td>Automobile (including Insurance)</td>
<td>U.S. $</td>
</tr>
<tr>
<td>Household Necessities</td>
<td>U.S. $</td>
<td>Entertainment</td>
<td>U.S. $</td>
</tr>
<tr>
<td>Personal</td>
<td>U.S. $</td>
<td>Other</td>
<td>U.S. $</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>U.S. $</strong></td>
<td><strong>TOTAL</strong></td>
<td><strong>U.S. $</strong></td>
</tr>
</tbody>
</table>

The primary source of income is from a family/guardian-owned (circle what applies):  
B U S I N E S S: YES / NO  
F A R M: YES / NO  
OTHER (specify): ____________________________________________

What documents have you or your family/guardian provided to verify the financial information on this application?  
T A X F O R M S ____  
M E D I C A L B I L L S ____  
S T A T E M E N T F R O M E M P L O Y E R ____  
B A N K S T A T E M E N T S ____  
O T H E R (specify) ________________________________

Do you or your family/guardian have assets in a country other than your own?  YES ____ NO ____  
If ‘YES’, please enter amount in U.S. $ ____________

Country in which assets are held ____________________________________________

Do you or your family/guardian own automobiles?  YES ____ NO ____  
If “YES”, please complete:
MAKE (EX: Ford, VW, ETC.): 1.) _________________________ 2.) _______________________

Year of Manufacture 1.) _______________________

SECTION 4 – PARENTAL INFORMATION – (continued)

Please list all relatives, other than your parents, that reside in the United States.

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Address</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Address</th>
</tr>
</thead>
</table>

SECTION 5 – STUDENT & SPOUSE’S INFORMATION

Student & Spouse’s Resources

1. Student’s Resources
   a. Earnings from employer
   b. Outside fellowships or Scholarships
   c. Financial assistance from other Departments
   d. Bank Accounts
   e. Financial Assistance from Parents
   f. Assistance from Family/Guardian in U.S.
   g. Loans
   h. Other Sources

2. Spouse’s Resources
   a. Earnings from employer
   b. Outside fellowships or Scholarships
   c. Financial assistance from other Departments
   d. Bank Accounts
   e. Financial Assistance from Parents
   f. Assistance from Family/Guardian in U.S.
   g. Loans
   h. Other Sources

TOTAL RESOURCES (in U.S. $) $ __________ $ __________ $ __________

Student & Spouse’s Expenses

<table>
<thead>
<tr>
<th>Student &amp; Spouse’s Expenses</th>
<th>Actual Expenses Jan-Dec, 2015</th>
<th>Projected Expenses Jan-Dec 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition &amp; fees (Student’s)</td>
<td>U.S.</td>
<td>$ _______</td>
</tr>
<tr>
<td>Tuition &amp; fees (Spouse’s)</td>
<td>U.S.</td>
<td>$ _______</td>
</tr>
<tr>
<td>Room &amp; Board (including utilities)</td>
<td>U.S.</td>
<td>$ _______</td>
</tr>
<tr>
<td>Books &amp; Supplies</td>
<td>U.S.</td>
<td>$ _______</td>
</tr>
<tr>
<td>Medical Care (including insurance costs)</td>
<td>U.S.</td>
<td>$ _______</td>
</tr>
<tr>
<td>Personal Expenditures (clothing, recreation, etc.)</td>
<td>U.S.</td>
<td>$ _______</td>
</tr>
<tr>
<td>Transportation</td>
<td>U.S.</td>
<td>$ _______</td>
</tr>
<tr>
<td>Insurance (auto, rental, etc.)</td>
<td>U.S.</td>
<td>$ _______</td>
</tr>
<tr>
<td>Other expenses(identify)</td>
<td>U.S.</td>
<td>$ _______</td>
</tr>
</tbody>
</table>

TOTAL EXPENSES U.S. $ _______ $ _______
Please indicate whether your government has imposed restrictions on the exchange and release of funds for study in the United States:

YES _____  NO ______

If “YES”, please describe the restrictions:

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Do you or your spouse own any automobile(s)? YES _____  NO _____ If “YES”, please complete:

<table>
<thead>
<tr>
<th>Make (ex: Ford, VW, etc.)</th>
<th>1.</th>
<th>2.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year of Manufacturer</td>
<td>1.</td>
<td>2.</td>
</tr>
<tr>
<td>Model (ex: Escort, Jetta, etc.)</td>
<td>1.</td>
<td>2.</td>
</tr>
</tbody>
</table>

If your total expenses for the 2015–2016 are greater than your total resources, explain how you are making up this deficit:

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

What are your liquid assets-cash, savings, or checking accounts, or redeemable investments as of today? (Please identify them)

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

BANK STATEMENTS MUST BE SUBMITTED BY APRIL 30, 2016 TO VERIFY SAVINGS AND CHECKING ACCOUNTS. Please refer to the Supporting Documentation Checklist.

COMMENTS
Please add any additional comments, using another sheet if necessary. Mention any special circumstances that you feel we should consider in judging the amount of support you will need.

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

NOTICE TO APPLICANTS

The Federal Privacy Act of 1974 requires that you be notified that the disclosure of your Social Security number is mandatory pursuant to the authority of the Regents of the University of California under Act. IX, Sec.9 of the California constitution. This record-keeping system was established prior to January 1, 1975. The Social Security Number is used to verify your identity.

The University of California, in compliance with Titles VI and VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972 (45 CFR 86), and Sections 503 and 504 of the Rehabilitation Act of 1973, does not discriminate on the basis of race, color, national origin, religion, sex, sexual orientation, or handicap in any of its policies, procedures, or practices; no does the University, in compliance with the Age Discrimination in Employment Act of 1967 and Section 402 of the Vietnam Era Veterans Readjustment Act of 1974, discriminate in University employment.

In conformance with University policy and pursuant to executive Orders 11246 and 11375, Section 503 of the Rehabilitation Act of 1973, and Section 402 of the Vietnam Era Veterans Readjustment Act of 1974, the University of California is an affirmative action/equal opportunity employer. Inquiries regarding the University’s equal opportunity policies may be directed to the Assistant Chancellor/Legal Coordinator, 2248 Murphy Hall, UCLA, or the Director of the Office for Civil Rights, U.S. Department of Health, Education & Welfare.

The UCLA Financial Aid and Scholarships office reserves the right to alter its policies and procedures, as explained in this packet, in accordance with the policies and procedures of the University of California, the State of California, and the U.S. Department of Health, Education & Welfare.
2016-2017 SUPPORTING DOCUMENTATION CHECKLIST FOR INTERNATIONAL STUDENTS

Student I.D.# ___ ___ ___ - ___ ___ ___ - ___ ___ ___
Social Security # _X_ _X_ _X_ - _X_ _X_ - ___ ___ ___ ___

Please CIRCLE the appropriate statements below that apply to you and attach supporting documentation. The deadline for submission of SUPPORTING DOCUMENTATION is APRIL 30, 2016. Late submission of documents will result in you not receiving financial aid. Make sure you attach this form to your supporting documents.

- If your parents’, relatives’, spouse’s, or friends’ contribution will be reduced, substantiate this claim by submitting retirement papers, a letter from an employer verifying loss of employment, medical reports indicating unusual expenses, or some other applicable form of documentation. INCLUDE NATIVE LANGUAGE COPIES AND CERTIFIED ENGLISH TRANSLATION OF ALL DOCUMENTATION.

- If your departmental scholarship, fellowship, non-resident tuition waiver will be reduced, submit a letter of verification from your academic department.

- If the aid from your government will be reduced, submit copies of the native language documents and the English translation.

- If an outside private scholarship will not be forthcoming, submit a letter from the lending agency verifying this information.

- If an outside loan will not be forthcoming, submit a letter from the lending agency verifying this information.

- If your earnings from outside employment will be reduced or terminated, submit a letter from your employer verifying this change.

- Bank statements MUST be submitted to verify savings and checking accounts. SUBMIT STATEMENTS FROM SEPTEMBER 2014 TO MARCH 2015.

- Copy of Visa is a requirement.

- Copy of I-20 is a requirement.

- Other – State sources and provide a complete explanation of circumstances.

BE SURE TO FILE A FOREIGN ADDRESS WITH THE REGISTRAR’S OFFICE