



**IGLOBAL
UNIVERSITY**

2020

SCHOLARSHIP AND FINANCIAL ASSISTANCE APPLICATION FORM

Complete this form only if you are interested in receiving assistance or scholarship

Personal Information

Name: _____
Last First Middle

Maiden Name: _____

Country of Birth: _____

Home Address: _____
Street (apartment or unit no., if applicable)

_____ *City State Zip Country*

Mailing Address *(if different from above)*:

_____ *Street (apartment or unit no., if applicable)*

_____ *City State Zip Country*

Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Email Address: _____

Social Security Number: _____ - _____ - _____ (if any)

Date of Birth: ____/____/____
mm / dd / yyyy

Gender: _____

Financial Information

Are you an independent student? ___ Yes ___ No. If yes, answer the following questions about yourself (the student) or your spouse (if applicable). If there are any asset values, they need to be reported. Students must sign and date this form. Also, your parent may be required to sign and date this form.

1. Total current balance of cash, savings, and checking accounts. \$ _____
2. Current net worth of investments (investment value minus investment debt). \$ _____
Do not include the value of your primary place of residence. Any investment property needs to be included.
3. Current net worth of business (business value minus business debt). \$ _____
4. Current net worth of investment farming (Don't include a farm that you live on and operate). \$ _____

Are your parents responsible for your tuition? ___ Yes ___ No. If yes, answer the following questions about your parents' income. If there are any asset values, they need to be reported. Parents, as well as students, must sign and date this form.



5. Total current balance of cash, savings, and checking accounts.\$ _____
6. Current net worth of investments (investment value minus investment debt). \$ _____
Do not include the value of your parents' primary place of residence. Any investment property needs to be included.
7. Current net worth of business (business value minus business debt).\$ _____
8. Current net worth of investment farming (Don't include a farm that you lived on and operated) \$ _____

With all questions listed below, provide all supporting documents.

1. Are you a U.S. Citizen? ___Yes ___No If not, country of citizenship: _____
If not a U.S. citizen, are you a permanent resident? ___Yes ___No If yes, A# _____
If not, contact the International Admissions Office.
2. Are you U.S. military ___Yes ___No Active Duty ___Yes ___No Reserves ___Yes ___No
3. Are you the spouse/dependent of a military person? ___Yes ___No
4. Active Duty ___Yes, ___ No Reserves ___Yes ___No
5. Are you a stay-at-home parent? ___Yes ___No
6. Are you disabled? ___Yes ___No
7. Are you Hearing/Deaf impaired ___Yes ___No
8. Are you Retired ___Yes ___No
9. Have you ever been convicted of a felony? ___Yes ___No
10. Are you receiving grants/scholarships from other institutions? ___Yes ___No
11. Are you a full-time student? ___Yes ___No

What program of study are you applying for at IGlobal University?

Check Box	<u>Program Name</u>
<input type="checkbox"/>	Master of Business Administration (MBA)
<input type="checkbox"/>	Master of Science in Information Technology (MSIT)
<input type="checkbox"/>	Bachelor of Business Administration (BBA)
<input type="checkbox"/>	Bachelor of Science in Information Technology (BSIT)

Why do you believe you are a good candidate to receive financial assistance and or scholarship from IGlobal

University? For _____ scholarship,

Student Signature (required): _____

Date ____/____/____
(mm/ dd/ yyyy)

Parent or Guardian Signature (if applicable): _____
Father/Guardian Signature *Mother/Guardian Signature*

Name: _____
Father/Guardian *Mother/Guardian*

Date: _____
(mm/ dd/ yyyy) *(mm/ dd/ yyyy)*



Mail Completed Form and supporting documents, including affidavit of financial support to:

Financial Office
IGlobal University
8133 Leesburg Pike #230
Vienna, VA 22182

Tel: (703) 941-2020
Fax: (703) 941-2025
info@igu.edu
www.igu.edu

DO NOT WRITE BELOW THIS LINE

For Finance Office Use Only

Date of Acceptance: _____

Accepted by: _____

Finance Committee

Date _____ / _____ / _____

Decision:

Approved ____ / Disapproved ____

Opinion:

- * _____
- * _____
- * _____

Approved by:

Dr. David Sohn

Mrs. Kim Sohn

Dr. Shane Cho

