



## APPLICATION FOR FULL SCHOLARSHIP

### **NOTE:**

**In addition to the application form, to be eligible for a scholarship, candidates need to submit:**

- ✓ Family annual income statement (certified copy in English or Greek)
- ✓ Personal annual income statement (certified copy in English or Greek)
- ✓ If the candidate is employed, a salary statement from employer (certified copy in English or Greek)

Applications will be accepted and evaluated only if these documents have been submitted.

Please complete all sections of the application.

Application for full scholarship to the \_\_\_\_\_ program beginning the fall semester of the year \_\_\_\_\_.

Full Time  Part Time

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### 1. Personal Data

_____	_____	_____
Last Name	First Name	Middle Name
_____	_____	_____
Nationality	Place of Birth	Date of Birth (dd/mm/yy)
Male <input type="checkbox"/>	Female <input type="checkbox"/>	

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### 2. Contact Data

Current mailing address

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

Current telephone

\_\_\_\_\_

Work telephone

\_\_\_\_\_

Valid until \_\_\_\_\_

Other telephone

\_\_\_\_\_

Permanent address (if different from current)

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

Electronic mail address (if applicable)

\_\_\_\_\_

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**3. Major Achievements and Distinctions:** Please list the most significant academic distinctions and/or professional achievements, which you consider relevant to this application.

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



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**4. Economic Status:** (please indicate with an X)

- Dependent (go to 4a)  
 Independent (go to 4b)

<p>4a. Dependent</p> <p>Name of main financial supporter: _____</p> <p>Relationship: _____</p> <p>Supporter's Occupation: _____</p> <p>Supporter's Employer: _____</p> <p>Employer's Address: _____</p> <p>Number of Years with Employer: _____</p>	<p>4b. Independent</p> <p>Occupation: _____</p> <p>Employer: _____</p> <p>Employer's Address: _____</p> <p>Number of Years with Employer: _____</p>
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4c. Income Level: (please indicate with an X)

- < €5,000     €5,000 - €10,000     €10,000 – 15,000  
 €15,000 - €20,000     €20,000 - €25,000     €25,000 - €30,000     €30,000 - €35,000     > €35,000

4d. How many people, including yourself, depend on the above income for daily living expenses? \_\_\_\_\_

**5. List other organizations to which you are applying for Financial Aid (scholarships, grants, loans etc.):**

Organization	Type of Financial Aid	Expected Amount (Euro €)	Expected Date of Notification	Duration

**6. Briefly list the reasons supporting your application for full scholarship:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_



## 7. NOTE:

Full Tuition Scholarships include tuition only. Travel to and from Athens, accommodation and living expenses while at AIT are not included

Payment of travel, accommodation and living expenses:

- By self
- By family
- Other (please specify) \_\_\_\_\_

Please confirm that you are in agreement with the above:

\_\_\_\_\_  
(name)

\_\_\_\_\_  
(date)

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## 8. How did you find out about this program? (please tick as appropriate and specify below)

- |  |  |                                      |                                      |
|--|--|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Word-of-mouth       | <input type="checkbox"/> Press                           | <input type="checkbox"/> Internet    | <input type="checkbox"/> Other       |
| <input type="checkbox"/> Ait Faculty member  | <input type="checkbox"/> AIT poster:                     | <input type="checkbox"/> AIT website | <input type="checkbox"/> AIT alumnus |
| <input type="checkbox"/> AIT current student | <input type="checkbox"/> Other university faculty member | <input type="checkbox"/> Newspaper   | <input type="checkbox"/> Pc Magazine |
| <input type="checkbox"/> Other magazine      | <input type="checkbox"/> Kariera.gr                      | <input type="checkbox"/> Flash.gr    | <input type="checkbox"/> Intracom    |

Please list any other schools or programs to which you are applying for graduate study. (This information will not be used in the selection process). \_\_\_\_\_

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I hereby confirm that the information given above is true to the best of my knowledge and belief. Any wrong information or suppression of facts will disqualify me from being considered for a full scholarship.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please return the completed application for full scholarship by mail to the AIT Admissions Office, P.O. Box 68, 19.5 km Markopoulou Ave., 190 02 Peania, Athens, Greece or by fax to +30 2106682708.**