

FOR OFFICIAL USE ONLY Date received:	
The application is approved:	
YES NO	
Duration:/	
Financial Aid:	
Signed:	
Name:	
Date:	

## **APPLICATION FOR FINANCIAL AID**

1. PERSONAL DETAILS		
Family name	Name	
Gender	Date of Birth	
Programme for which you have applied:		
Registration number:		
2. FAMILY STATUS		
Single Married Divorced	Widow/er	
Number of dependant family members (including husband/wife):		
3. FINANCIAL CONDITION		
Yearly income of the candidate or/and family (Please provide all related	documents):	
Have you applied for any other sources of funding? (If yes, please explain by giving all the necessary details of any other sources of funding you have applied for.)		
Yes No		
4. FURTHER INFORMATION		
Please explain the reasons why you are applying for financial aid (orp		
one member of the same family also studying at NUP, particular health cor (Please provide all related documents and continue overleaf if necessary.)	ditions).	
5. DECLARATION		
To the best of my knowledge I certify that the information provided in this application form is complete and accurate. I declare that I will notify the Financial Office for any changes concerning my family status or financial conditions, as I realize that these changes are important towards the decision of approval or not of my application by the Financial Office. I undertake to provide the Financial Office with all the required documents.		
Name		
Signed	Date	

## **CRITERIA FOR FINANCIAL AID**

Please fill in the present application form and submit it to the Financial Office, together with all the related documents\*.

	following criteria/conditions:
	- Financial difficulties
	- Member of a family with many children
	- More than one member of the same family studying at NUP
	- Prizes/Distinctions in sports events or other activities
	- Serious health issues
	4. FURTHER INFORMATION (Continued)
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\*Related documents include: recent payroll record, member of a family with many children, etc.

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FINANCIAL AID