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APPLICATION FOR SCHOLARSHIP/ FINANCIAL AID

For International Students

FINANCIAL AID/SCHOLARSHIPS PROVIDED

Please select the type of financial aid/scholarship(s) you wish to apply for. Be sure to attach copies of all required documentation/certificates as requested.

Academic Excellence Scholarship

Submission of grades from internationally recognised examination systems.

Sports Scholarship

Submission of official certificates or confirmation letters issued by the relevant national federation for each sport

Opportunity Scholarship (Need-Based)

Please fill in Section B of the application form and submit all required documents/certificates.

Large Family Scholarship

Submission of a large family identity card or a copy of the certificate of family status.

Academic Family Scholarship

University of Nicosia graduates and/or families with two or more siblings studying at UNIC during the same semester.

Hellenic Frontier Scholarship

Submission of a permanent residence certificate issued by the competent Municipality, or a high school diploma indicating the school's address in an eligible area.

Academic year for which you are applying for a scholarship

If YES, please provide the amount or percentage granted:

SECTION A: PERSONAL INFORMATION (To be completed by all applicants)

Have you been awarded/received any type of scholarship/financial aid from the University in the past?

	<u> </u>	
Full Name		Student ID
E-mail		Telephone
Home Address		No.
Passport Number	Nationality	Date of Birth
Name of secondary school from which you have graduated		School Leaving Certificate average grade
Programme of Study for which you have applied		
In which areas of activity have you excelled/could you parti	cipate?	
Do you have another sibling and/or other family member cu and student ID:	rrently studying at UNIC? If the a	answer is yes, please provide his/her full name
For current students only		
Year of study	Cumulative Point Average (C	PA) Total ECTS awarded

2509_ATH_APLC_FORM P20640 - Financial Aid-Scholarship_Non EU_EN

(To be completed only by applicants for "Opportunity Need-based Scholarship")				
Family Status List the dependent members of your family who are under 18 years of age or otherwise indicate whether they are students, soldiers, or permanently unable to support themselves (all certificates, including birth certificates, should be attached)				
Do you belong to a divorced or a single-parent family? If YES, attach a copy of the divorce certificate and the alimony amount				
Are you an orphan due to the loss of one or If YES, please select the applicable option ar		Mother Father		
Family's Economic Status Father's occupation and annual income	Mother's occupation and annual income	Annual income from dependent members		
Does the student/applicant face a serious health/disability issue? If YES, state the health/disability issue (medical certificate to be attached).				
Parents facing a serious health/disability iss Other reasons for which you are applying fo		Mother Father		
full-time status, and must comply w	nancial Aid must have submitted an Applicatiiith the acceptance criteria of that programm	ne.		
 The Financial Aid application must be accompanied by all required supporting documentation (e.g. annual income, number of dependents in family, etc.) Unless stated otherwise, scholarships are valid for one academic year and are calculated on the programme tuition. The extent, amount and duration of the scholarship after the first year of studies, is decided by the University further to the submission of the relevant application. The application should be submitted before the commencement of the next academic year. Students eligible for more than one type of Scholarship/Financial Aid will be awarded the scholarship constituting the highest amount. 				
6. The Medical School follows a different scholarship programme. Please contact the Medical School's Department of Admissions for the respective scholarship policy.				
I certify that the information provided in this application is complete and accurate to the best of my knowledge. I have carefully read Section C and accept all terms and conditions stated therein.				
Applicant's Signature:		Date:		
FOR INTERNAL USE ONLY				
Application approved YES NO	If YES, state the scholarship percenta	age		
The scholarship is valid for acade	emic semester			
	cademic year ntire duration of the programme of study			
Remarks	tare duration of the programme of study			
Director's Name:	Signature:	Date:		

SECTION B: SOCIOECONOMIC STATUS