

APPLICATION FORM NO. 1 ONLY FOR STUDENTS ATTENDING OR WISHING TO ATTEND THE INTERNATIONAL SCHOOL OF BERNE
SCHOOL YEAR _____

To be filed *no later than the 31st March of the respective school year, for which the application for a scholarship has to be approved.*

Please note that based on the information provided the International School of Berne Foundation may request supporting evidence necessary for assessing the application.

LATE AND/OR INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

PART I – INFORMATION ABOUT STUDENT AND HIS/HER FAMILY (Please Print or Type)

1. Family situation

	Family Name	First Name	Relationship with applicant(s)	Employer
Parent 1/ legal representative of the applicant(s)				
Parent 2/ legal representative of the applicant(s)*				

* if you are a legal representative, please submit a document which shows that you are empowered to act for the applicant(s)

*Type of Family	New family	<input type="checkbox"/>	Returning family	<input type="checkbox"/>
*Applying for:				
	• Payment of tuition	<input type="checkbox"/>		
	• Granting of a loan	<input type="checkbox"/>		

*Please answer Yes (Y) or No (N).

2. In case we need additional information. Where can we contact you?

Address of domicile	
E-mail address	
Phone number	

3. Children for whom you are requesting Financial Assistance

	Family Name and First Name	Date of Birth dd/mm/yyyy	Grade
Child 1			
Child 2			
Child 3			
Child 4			
Child 5			

4. All other dependent children (especially siblings of the applicant(s))
(except the student(s) for whom you are requesting an assisted place)

Name	Age	School/College name	Fin. Aid (1)	Cost (2)

- (1) Financial Aid granted? Please answer Yes or No. If yes please indicate the percentage and attach to this form a statement from the school/college detailing the amount of the fees and the financial aid granted.
 (2) Total cost of this schooling paid by you during the school year.

PART III - ASSETS AND LIABILITIES

Based on the information to be provided hereafter the foundation is entitled to request additional supporting evidence necessary for assessing the application.

This **statement must include all assets and income for all members of the household and dependents in the moment of application.**

Please convert all currencies to Swiss Francs at the current rate of exchange.

Original currency	Used exchange rate for the conversion in CHF

ASSETS	Please indicate number in original currency	CHF
Cash on hand in bank (savings and current)		
Stocks, bonds, and other securities		
Home if owned (current value estimate)		
Other assets (worldwide) such as real estate, business, farm, etc. Please give details of these other assets and indicate current value.		
Total		

LIABILITIES	Please indicate number in original currency	CHF
Home mortgage (total)		
Other loans or liabilities (total). Please give details of these other loans & liabilities		
Total		

PART IV - ANNUAL INCOME AND EXPENSES

Actual <u>Yearly</u> Net Income*	Please indicate number in original currency	CHF
Work related (net) salary, including allowances (from both parents or legal representatives)		
Income from securities/bonds		
Income from rental property		
Other income (incl. income from applicant(s), please describe)		
Total		

Actual <u>Yearly</u> Net Expenses*	Please indicate number in original currency	CHF
Housing (Rent or interest on mortgage)		
Additional costs for housing		
Electricity		
Waste charges		
Food		
Automobile / Public transport		
Insurances (property/casualty/health)		
Debt Repayment		
Entertainment and Recreation		
Clothing		
Medical/Dental		
Tuition fees for applicant(s)		
Net tuition fees (for other children, after deduction of scholarships)		
Other expenses (please describe)		
Total		

*** If there will be a change of the financial situation in the near future, please indicate the future numbers on a separate sheet and prove these figures as much as possible**

PART V - BENEFITS IN KIND

	Yes/No	original currency	CHF
Educational allowance paid by employer: YES / NO. If Yes, how much?			
Housing provided by employer: YES / NO			
Company car: YES / NO			
Other benefits in kind (please indicate nature and amount)			

PART VI – REQUESTED AMOUNT

For which amount do you apply for financial aid? CHF _____

PART VII - OTHER INFORMATION

1. Please **enclose copies** of the following documents **for each income earner**. If these documents are not enclosed, the members of the board will not be able to consider your application.
 - a) **Salary slips for the past 6 months**
 - b) **Most recent annual statement of income tax paid**
 - c) **If self-employed, your most recent audited annual accounts**
2. A statement from your employer detailing the amount of the tuition fees that they pay. If they pay nothing, a statement to this effect is required.

We declare that all the information supplied is true and correct and includes all incomes and benefits in kind. We also declare that we have read, agreed to and accepted the criteria and procedure, as described in the information form related to the Assisted Places Programme.

Signed date _____

Parent / Legal representative 1: _____

Parent / Legal representative 2: _____

Please return this form under confidential cover and no later than the 31st March of the respective school year, for which the application for a scholarship has to be approved to:

**International School of Berne Foundation, c/o KPMG AG, Bahnhofplatz 10a,
Postfach, 3001 Bern**