

**APPLICATION FORM NO. 2 ONLY FOR COLLEGE/UNIVERSITY ENROLMENT  
ACADEMIC YEAR 2018/2019**

**To be filed before 31<sup>st</sup> March 2018.**

**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. Information about the applicant

	Name	First Name	Date of Birth	Place of Birth
Student				

2. Family situation

	Name	First Name	Relationship with the student	Employer
Parent 1 / legal representative				
Parent 2 / legal representative				

\* Legal representatives must submit a document which shows that they are empowered to act for the applicant (only required if the student is under 18 years in the moment of application)

<p>*Applying for:</p> <ul style="list-style-type: none"> <li>• Payment of Tuition</li> <li>• Granting of a loan</li> <li>• Other financial assistance</li> </ul> <p>If other financial assistance: please explain: _____</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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\*Please answer Yes (Y) or No (N).

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

Address of domicile	
E-mail address	
Phone number	

## PART II – VARIOUS INFORMATION

	Answer
<p>1. <b>A) To which educational institution have you applied?</b></p> <p><b>B) What course will you be enrolled on? (Please provide supporting documents about educational institution and intended classes)</b></p>	
<p>2. <b>What for especially do you need financial assistance? Tuitions, etc. (please explain)</b></p>	
<p>3. <b>How much is the total of expenses you expect per year? (Please provide supporting documents showing these costs, i.e. budget calculation, documents showing tuition fees, rental agreement)</b></p>	
<p>4. <b>What are the sources from which you intend to fund these costs?</b></p>	
<p>5. <b>Which International School(s) have you attended? (Provide documentary proof - transcripts)</b></p>	
<p>6. <b>Applications made to other sources of support, with outcome if known (attach relevant documents)</b></p>	





## PART IV - 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 V - ANNUAL INCOME AND EXPENSES

<b>Actual <u>Yearly</u> Net Income*</b>	<b>Please indicate number in original currency</b>	<b>CHF</b>
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)		
<b>Total</b>		

<b>Actual <u>Yearly</u> Net Expenses*</b>	<b>Please indicate number in original currency</b>	<b>CHF</b>
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)		
<b>Total</b>		

**\* 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 VI -BENEFITS IN KIND

	Yes/No	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 VIII - OTHER INFORMATION

- 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.
  - Salary slips for the past 6 months**
  - Most recent annual statement of income tax paid**
  - If self-employed, your most recent audited annual accounts**
- 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.

I / We declare that all the information supplied is true and correct and includes all incomes and benefits in kind. I / We also declare that I / 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 \_\_\_\_\_ Student: \_\_\_\_\_

Parent 1 /:Legal representative 1: \_\_\_\_\_

Parent 2 /:Legal representative 2: \_\_\_\_\_

**Please return this form under confidential cover and before March 31<sup>st</sup> 2018 to:  
International School of Berne Foundation, c/o KPMG AG, Hofgut, CH-3073  
Guemligen**