



(GRANT APPLICATION)

DATE: _____

DETERMINATION OF FINANCIAL NEED

Name: _____

U.S. Social Security Number, if any: _____

Applicant for: School _____ Degree: _____ Program: _____

Indicate Admission Status: _____ Admitted _____ Wait List _____ Late Decision Cycle

Expected Date of Graduation: _____

PERMAMENT ADDRESS: _____

Phone No.: _____ Fax No. _____ Until Date: _____

E-mail: _____

Mailing address: _____

Citizen of: _____ Visa classification: _____

Have you applied for or have you been granted US Permanent Resident Status? Yes _____ No _____

Age: _____ Date of Birth: _____

R. F. C.: _____

Marital Status: () unmarried () married () separated () divorced () widowed

DEPENDENTS:

Name:	Age:	Relationship:	Coming to the U. S. with you:
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Present currency exchange rate: U.S. \$1.00= _____ as of date: _____

Does your government restrict the exchange and release of funds in the U.S.?: _____

If yes, please describe restrictions: _____

Indicate how you plan to fund your study: _____

All sources must be noted below. Failure to report all funding applied for or to be received will result in automatic cancellation of this application.

	Amount in U.S. \$ (Per Annum Basis)	Received ?
Personal Resources: _____	_____	_____
Family Gifts: _____	_____	_____
Family Loans: _____	_____	_____
Bank Loans (Specify Source): _____	_____	_____
Government Grants/Scholarships/ Loans (Specify Source): _____	_____	_____
Corporate Grants/Scholarships/ Loans (Specify Source): _____	_____	_____
Foundation Grants/Scholarships/ Loans (Specify Source): _____	_____	_____
*Other: _____	_____	_____
TOTAL SOURCES: (Sum of above)	_____	_____
SINGLE STUDENT BUDGET TO CERTIFY TO HARVARD:	_____	_____

* This may include departmental funding from Harvard, Teaching Assistant income, etc.

STUDENT RESOURCES:

INCOME	Amount in U.S. \$	2010 Expected
	<u>2009</u>	<u>2010 Expected</u>
Student wages:	_____	_____
Spouse wages:	_____	_____
Other taxable income:	_____	_____
Income tax paid:	_____	_____
Non-taxable income:	_____	_____

Occupation: _____ Place of employment: _____

Office Phone No.: _____ E-mail: _____

ASSETS	Amount in U.S. \$	Debt:
	<u>Value:</u>	<u>Debt:</u>
Savings, cash, bank accounts _____	_____	_____
Home, bought in (year) _____	_____	_____
Land and building other than home _____	_____	_____
Stocks, bonds, securities _____	_____	_____
Trusts, estates _____	_____	_____
Business or farm _____	_____	_____
Auto: Model _____ Year _____	_____	_____

Other: _____

PRIOR EDUCATION:

Undergraduate institution: _____ Degree: _____

Graduate institution: _____ Degree: _____

PRIOR EDUCATION DEBT:

<u>Type of Loan</u>	Amount outstanding in U. S.\$
_____	_____
_____	_____
_____	_____

Do you have relatives in the U. S.?: _____ If yes, relationship: _____

U. S. Citizen or Permanent Resident?: _____

Exact cost of round-trip travel from your home to Harvard: _____

PARENTAL INFORMATION (required of all applicants):

Names: _____

Address: _____

Phone No.: _____

Email: _____

Office address: _____

Office Phone No. : _____

Office E-mail: _____

Parent's marital status (circle one):

unmarried married separated divorced widowed

<u>INCOME</u>	Amount in U. S. \$	
	<u>2009</u>	<u>2010 Expected</u>
Head of household wages:	_____	_____
Spouse wages:	_____	_____
Other taxable income:	_____	_____
Income tax paid:	_____	_____
Non-taxable income:	_____	_____

Occupation: _____ Place of employment: _____

Spouse's Occupation: _____ Place of employment: _____

Age of oldest parent: _____

ASSETS	Amount in U. S. \$	
	Value:	Debt:
Savings, cash, bank accounts _____	_____	_____
Home, bought in (year) _____	_____	_____
Land and building other than home _____	_____	_____
Stocks, bonds, securities _____	_____	_____
Trusts, estates _____	_____	_____
Business or farm _____	_____	_____
Auto: Model _____ Year _____	_____	_____
Other: _____	_____	_____

Do you or any family member have assets in any country other than your own?

Yes: _____ No.: _____

If yes, country: _____ Value in U. S. \$: _____

DEPENDENTS:

Age:	Occupation:	Country of residence:	Live at home:	In School:	Annual cost of School:
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Please state the average amount of money spent annually by the family in the following categories:

	Amount in U. S. \$
Food:	_____
Clothing:	_____
Housing (rent or mortgage):	_____
Medical and dental:	_____
Child Care:	_____
Transportation:	_____

CERTIFICATION:

I declare that the information reported on this form is true, correct and complete. I also understand that this information is provided for nomination to Harvard University Restricted Scholarship competition only and not for U. S. federal aid and that I may need to provide further information if awarded a scholarship.

I authorize that all information related and contained in this application may be released to third parties:

STUDENT SIGNATURE: _____

PARENT'S SIGNATURES:

DOCUMENTS TO BE ATTACHED TO THIS APPLICATION:

1. Copy of official identification of the student showing signature. A copy of both Passport and Voter Registration Card is required.
2. Copy of the complete application form submitted previously to Harvard, including essays.
3. Copy of letter of acceptance from Harvard University.

PLEASE NOTE THIS APPLICATION PACKAGE MUST BE SENT IN TRIPLICATE TO THE FUNDACION'S OFFICE BY MAY 15th.

FOR RESEARCH FELLOWSHIPS: DOCUMENTS TO BE ATTACHED TO THIS APPLICATION:

1. A letter from your sponsor addressed to the Fundación which describes your research studies in an area of specialization, duration and status of your post within the hospital or Harvard Medical School.
2. Personal Resume.
3. Copy of a previous article or publication authored by you relevant to or highlighting your research.
4. Copy of official identification showing signature. A copy of both Passport and Voter Registration Card is required.

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