

Declaration and Signatures



DECLARATION

I declare that:

the information on the submitted online financial aid application form is accurate, true and complete.

I agree:

a) to notify Student Financial Services in writing if I change my address, marital or financial status, or if my parents', guardian's, sponsor's, or spouse's address or financial status changes.

b) that all Student Financial Services records (records include: balance and fee information, financial aid award information, satisfactory academic progress standing and loan status) may be forwarded to my parents and/or legal guardians.

Name of Parent(s): _____ Email: _____

I understand that:

a) my financial aid application and supporting documentation cannot be returned to me.

b) if I am not admitted, my financial aid application will be destroyed at the end of the admission cycle.

c) the information I have provided will be verified and audited.

d) any omissions or inaccurate information could jeopardize my admission at Jacobs University Bremen and entitle Jacobs University Bremen to claim the repayment of all financial aid provided.

e) the information supplied in this application will be stored in Jacobs University Bremen's financial aid database and the information will be used for determining financial need.

f) I may be denied financial assistance if:

- I make a false or misleading statement in this application or
- I do not comply with a request from Student Financial Services to provide information or documents so that the information in this application may be verified.

SIGNATURES

Student's Name (please print): _____

Date (day, month, year)

Student's Signature

I/We declare that we will be responsible for all expenses, as indicated in the Estimated Student Budget attached, of our daughter/son/spouse during her/his studies at Jacobs University Bremen. I/We declare that the information we have provided on the online financial aid application is accurate, true, and complete.

Date (day, month, year)

Parent's Signature

Date (day, month, year)

Parent's Signature

Date (day, month, year)

Spouse's Signature

Please upload your signed form to your online financial aid application!