

### **Financial Aid Renewal Application**

### **Annual Application Deadline**

### **Returning Students**

April 1

### **Checklist of Required Documents**

Please use the following checklist to make sure that your financial aid renewal requirements are complete.

# ■ Bard College Berlin's Financial Assistance Renewal Application Form Fully completed, printed out and signed by the applicant and parents. Please do not leave any fields

Fully completed, printed out and signed by the applicant and parents. Please do not leave any fields blank. If a particular section or field does not apply to you, indicate "n/a" (not applicable) in the space provided. Forms with blank fields will be considered incomplete.

## ■ Supporting Documents

These documents help us verify your current financial situation. Please provide proof for all the information included in your financial statement form. Documents not issued in English or German must be submitted with a translation. If any further documents are required during the review process, you will be notified by the Financial Aid Office.

### **Proof of income: accepted document types**

- Recent tax returns: your own (if applicable) and both of your parents.
- 3 recent bank statements or payslips
- Proof of any additional income (e.g., child support, alimony, rental income)
- Profit and loss statements (if self-employed).
- Business tax returns (if self-employed).
- Unemployment benefits statement and termination/layoff letter (if applicable)

### **Proof of employment: accepted document types**

• Statement from employer or work contract

### Proof of debts and liabilities: accepted document types

- Loan statements (e.g., student loans, car loans, credit card statements)
- Documentation of monthly debt obligations.

### Other Documents:

• Scholarship/award notification letter

### ☐ For US citizens only: <u>FAFSA</u>

In addition to Bard College Berlin's financial aid form, US citizens are required to renew their <u>FAFSA</u> school code **002671** for Bard College, NY. This is a mandatory step each academic year. Please include a copy of your FAFSA submission confirmation along with your supporting documents.

**FINAL STEP:** Fill out this additional **form** and send your required documents in a single pdf file.

<u>Double-check</u> that all items above are complete and upload them in a single pdf file via the form provided above. Incomplete applications cannot be processed.

Resources: Scholarships | Financial Aid | External Aid | Tuition and Fees | Payment Schedule



# **Financial Assistance Renewal Application**

# Academic Year 2025-26

# Guidelines for completing the 2025-26 Bard College Berlin Financial Assistance Renewal Application

Students who enter Bard College Berlin with a scholarship or financial aid are required to complete the Financial Assistance Renewal Application each academic year. Bard College Berlin's scholarship and financial aid are awarded annually in the form of a comprehensive fee waiver and can be renewed for up to 4 consecutive years, aligning with the typical graduation timeline for the BA program. Please see our website for more information on financial aid renewal:

https://berlin.bard.edu/admissions/finances/financial-aid-renewal/

#### Answer all questions that apply to you and your family. Convert all currency figures to EUR (€) before entering them on the form.

Some of the questions on the Financial Assistance Renewal Application are self-explanatory; the instructions that follow are only provided for questions that may need further explanation.

#### Section A - Student's Information

This section pertains to the student who is applying for aid.

#### Section B - Family Information

On this application, "parents" means the custodial parent(s) — the parent or parents (or legal guardian) with whom the student lives. If the student's biological or adoptive parents are divorced or separated, the custodial parent(s) are the parent or parents who provide(s) more financial support during the 12 months prior to filling the application. If the custodial parent has remarried, "parents" includes the student's biological/adoptive parent and stepparent

9. Write in the number of people who live in your parents' household and are supported by their income.

10. Complete all parts of this question. Include family members counted as your dependents in question 9 and/or counted as your parents' dependents in question 13.

#### Section D - Asset Information

Asset information pertains to the parents or to the student and the student's family if the student is married and lives independently of the parents. Write in the value of assets and, where asked, any debt against the asset as of the time you complete this application.

#### Section E - Expenses

Write in the annual amount your family spent on the items listed. If you do not know the actual amount, please estimate.

Confidentiality & data protection

Information contained in financial aid applications (as well as conversations with the student, family or agency) is strictly confidential and processed according to data protection guidelines. Applications will be reviewed by trained staff and approved by the Financial Aid Office and its committee only.

| Section A - Student's Info     | ormation        |  |            |                        |                        |
|--------------------------------|-----------------|--|------------|------------------------|------------------------|
| 1. Name:                       |                 |  |            |                        |                        |
| Last Name                      |                 | First Name                               |            |                        | Middle Name            |
| 2. Date of birth:              |                 | 3. Student ID:                           | 2          | 4. 2025-26 year i      | n BCB (2nd, 3rd, 4th): |
|                                |                 |  |            |                        |                        |
| 5. In 2024-2025 did you rec    | eive a scholars | ship/financial aid from Bard             | College Be | erlin?                 |                        |
| Yes                            | N               | Мо                                       |            |                        |                        |
| If yes, please indicate the to | otal amount of  | aid received:                            |            |                        |                        |
|                                |                 |  |            |                        |                        |
| Section B - Family Infor       | mation          |  |            |                        |                        |
| 6. Your parents' marital st    | atus:           | Married or in a<br>domestic relationship |            | Separated/<br>Divorced | Widowed                |
| Remarried                      | Never married   | Other:                                   |            |                        |                        |

| 7. Parent 1 Nar                   | ne:                              | 8. Parent 2 Name:            |   |                       |                           |                                 |                              |             |                                 |
|-----------------------------------|----------------------------------|------------------------------|---|-----------------------|---------------------------|---------------------------------|------------------------------|-------------|---------------------------------|
| Last Name                         |                                  | First Name                   | Age                                       |                       | Las                       | st Name                         | First I                      | Name        | Age                             |
| Relationship:                     |                                  | Relationship:                |   |                       |                           |                                 |                              |             |                                 |
| Address:                          |                                  |                              |   | A                     | ddress:                   |                                 |                              |             |                                 |
| Occupation/Title:                 |                                  |                              |   | 0                     | ccupation/                | Title:                          |                              |             |                                 |
| Employer:                         |                                  |                              |   | Е                     | mployer:                  |                                 |                              |             |                                 |
| Number of years w                 | ith current                      | employer:                    |   | N                     | umber of y                | ears with                       | current employ               | /er:        |                                 |
| 9. How many pe                    | ople, inclu                      | ding yourself                | , depend on                               | the family            | s income f                | or daily e                      | expenses?                    |             |                                 |
| 10. List each                     | dependant.                       | Provide infor                | mation for                                | all family n          | nember yo                 | u include                       | d in q.9 above.              | Exclude yo  | ourself.                        |
|                                   |                                  | Educational Ini              | Educational Information 2024-25           |                       |                           | Educational Information 2025-26 |                              |             |                                 |
| Full name of family member        | Relation-<br>ship to<br>you* Age | Name of school<br>or college | Year in<br>school/ Tuitio<br>college Fees | on/ Room and<br>board | Scholarships/<br>Gift aid | Amount of parents' contribution | Name of school<br>or college | Total cost  | Amount of parents' contribution |
|                                   |                                  |                              |   |                       |                           |                                 |                              |             |                                 |
|                                   |                                  |                              |   |                       |                           |                                 |                              |             |                                 |
|                                   |                                  |                              |   |                       |                           |                                 |                              |             |                                 |
| *Code: 1=parent; 2=stepparent; 3: | -legal guardian; 4=b             | orother/sister/stepbrothe    | r/stepsister; 5=spouse                    | e; 6=son/daughter; 7: | grandparent=              |                                 | •                            |             |                                 |
| Section C - Fi                    | nancial In                       | formation                    |   |                       |                           |                                 |                              |             |                                 |
| 11. What docum                    | entation w                       | ill you be pro               | viding to ve                              | erify income          | e and asset               | t informa                       | tion requested               | on the form | m?                              |
| Tax return (p                     | referred)                        |                              |   | Othe                  | er (specify               | - for exa                       | mple, bank stat              | ement):     |                                 |
| Statement fro                     | om employ                        | er                           |   |                       |                           |                                 |                              |             |                                 |
| 12. During 2024                   | , how mucl                       | h of your hou                | sehold inco                               | me (before            | taxes/exp                 | enses) ca                       | me from the fo               | llowing so  | urces in €                      |
| Parent 1 work                     |                                  |                              | Fam                                       | ily business          |                           |                                 | Interest/divide              | ends        |                                 |

Family real estate holdings

Pension/annuity/retirement

Other members of the household

13. Will there be a significant increase or decrease in your family's income next year?

Parent 2 work

Your spouse's work

14. If yes, explain:

Your work

Yes

No

Housing, food, and other living allowances

Other (explain)

| Section D - Asse                                 | et Information                     |  |                      |                        |     |  |
|--|------------------------------------|--|----------------------|------------------------|-----|--|
| 15. Does your family own its house?              |                                    | Yes  | No                   |                        |     |  |
| Year purchased                                   | Original purchase price (€)        | Amount still o                                   | owed on the home (€) | Present market value ( | (€) |  |
| 16. Does your family own a business?             |                                    | Yes  | No                   |                        |     |  |
| Date business commend                            | ced                                | Туре   | of business          |                        |     |  |
| Your parents' share of business value (€)        |                                    | Your parents' share of business indebtedness (€) |                      |                        |     |  |
| 17. Please list the v                            | value of the following family asse | ets (if applicable                               | ):                   |                        |     |  |
| Land and buildings (other than home or business) |                                    | Assets owned by student                          |                      |                        |     |  |
| Indebtedness on land and buildings               |                                    | Money owed to family by others                   |                      |                        |     |  |
| Savings  |                                    | Repayment (of p. above) expected this year       |                      |                        |     |  |
| Investments (such as stocks and bonds)           |                                    | Other (jewelry, artwork, antiques, etc.)         |                      |                        |     |  |
| 18. Do you or your f                             | family have money, property, or a  | assets in anothe                                 | r country?           | es                     | No  |  |
| 19. If yes, complete                             | the grid below. Include the amo    | ounts in q. 17 ab                                | ove.                 |                        |     |  |
|  | EUR (€) value                      | In which country                                 | (ies)?               | Asset owner            |     |  |
| Money  |                                    |  |                      |                        |     |  |
| Property   |                                    |  |                      |                        |     |  |
| Assets   |                                    |  |                      |                        |     |  |

# **Section E - Expenses**

20. How much did your family spend on the following expenses during 2024? Specific amounts in EUR (€) are needed.

Rent or mortgage Amount allocated to savings/retirement

Utilities Automobile maintenance

Food Insurance (health and property)

Clothing Entertainment
Household necessities Vacations
Medical expenses Other

Educational expenses Please explain:

Loan payments

**Taxes** 

| 21. How much money does your family owe t  | o other people or to   | financial institutions?  |                           |
|--|------------------------|--------------------------|---------------------------|
| 22. Amount paid on debt in 2024:   | 23. Reason             | for debt:                |                           |
| 24. Does your family employ other people?  | Yes                    | No                       |                           |
| 25. If yes, how many in the home?  | In                     | the family business?     |                           |
| Section F - Student's Financial Informati  | on                     |                          |                           |
| 26. Annual income:   | 2024 ir                | ı EUR                    | 2025 in EUR (estimated)   |
| Applicant's earnings from on-campus employment:  |                        |                          |                           |
| Applicant's earning from off-campus employment:  |                        |                          |                           |
| Other (please specify):  |                        |                          |                           |
| Total net income:  |                        |                          |                           |
| 27. Annual expenses:   | 2024 ir                | ı EUR                    | 2025 in EUR (estimated)   |
| Food, clothing, personal care, telephone:  |                        |                          |                           |
| Travel, transportation:  |                        |                          |                           |
| Annual taxes paid/social security contributions:   |                        |                          |                           |
| Medical/Dental costs (not covered by insurance):   |                        |                          |                           |
| Other (please specify):  |                        |                          |                           |
| Total expenses:  |                        |                          |                           |
| Section F - Educational Support  28. The anticipated 2025-26 comprehensive fe board), and for students living off campus is €2 much you expect to be able to contribute annuments. | 26,000 (includes tuiti | on only). In the table b | pelow, please specify how |
|  | <u> 2025-26</u>        | <u> 2026-27</u>          | <u>2027-28</u>            |
| Student's earnings   |                        |                          |                           |
| Student's assets   |                        |                          |                           |
| Family's income  |                        |                          |                           |
| Family's assets  |                        |                          |                           |
| Relatives and friends  |                        |                          |                           |
| Your government  |                        |                          |                           |
| Agencies and foundations  Private spensor (explain in  |                        |                          |                           |
| Private sponsor (explain in Section G)   |                        |                          |                           |
| Other (explain in Section G)   |                        |                          |                           |

29. List agencies, foundations other than Bard College Berlin to which you are applying for financial assistance, e.g. FAFSA, BAFöG, government loans and grants (if more than two, please attach a list):

Agency/Foundation Application Date Notification Date Expected Amount (EUR)

## **Section G - Explanation/Special Circumstances**

30. Please provide us with a statement about your current financial need which addresses such questions as whether or not your financial situation has significantly changed from last year; whether you are requesting the same amount of financial aid towards the 2025-2026 Bard College Berlin comprehensive fee. Include any facts or circumstances that are relevant to financial assistance, but may not be included in or obvious from the data supplied in this form:

# **Certification and Authorization**

We declare that the information on this form is true, correct and complete. Bard College Berlin has our permission to verify the information reported by obtaining documentation as needed. We understand that we must give notice to the Financial Aid Office if our financial situation changes. We recognize that providing fraudulent information is grounds for the termination of the application process. In a case where admission has already been granted, we recognize that it may jeopardize one's student status.

| Student's signature | -        |          |       |
|---------------------|----------|----------|-------|
| Spouse's signature  | Date     | e comple | eted: |
| Parent's signature  | Day<br>- | Month    | Year  |
| Parent's signature  | -        |          |       |

Note: Please kindly ensure to submit your renewal form along with your supporting documentations into a single PDF file. Failure to submit all requirements will result in the non-processing of your renewal application.

Additionally, for US citizens, please make sure that you renew your FAFSA. This is mandatory step for each academic year.

# **Consent Form**

# For use of electronic notification

I hereby grant Bard College Berlin permission to send me notification of a financial aid award to the email address indicated below. My signature below represents my understanding that email is considered an insecure medium. I release the college from any responsibility or liability should a breach of privacy result from this email communication. This permission remains in effect until such time as I revoke it in writing.

| Student's name                        |  |  |
|---------------------------------------|--|--|
|                                       |  |  |
| Student's signature                   |  |  |
|                                       |  |  |
| Student's E-Mail Address <sub>.</sub> |  |  |
| Parent's E-Mail Address               |  |  |
|                                       |  |  |
| Date<br>Day Month Year                |  |  |