

Application for Financial Aid

for the Academic Year 2009–10

Documents Required—CHECKLIST

1. **Transcript of grades** of the last three years. Current AUB students applying for financial aid for the first time can submit only AUB transcript of grades.
2. **Employment records:**
- Recent Employment Certificate(s)** for job(s) held by each earning member of the family clearly stating occupation, job title, years of service, number of months payable, and benefits (e.g. educational benefits, accommodation, etc.).
 - Attached Employee Income Statement–Form A** duly filled, signed and stamped by employer of each earning member of the family; if working for the public sector, the official income statement issued by the government should be submitted (**the monthly payroll slip is not valid**).
 - For each earning member of the family who is (are) self-employed, documentation for annual income should be provided by the family member by completing the **Self-Employed Income Statement–Form B** and providing with it the Business Registration (سجل تجاري), income tax statements (ضريبة دخل), and the business bank statement of account for the last three years.
3. **Recent school certificate of registration** showing annual tuition fees and **receipt of fees** for each dependent child enrolled at school or university.
4. **Family Civil Status Record** (issued within the previous 3 months). (اخراج قيد عائلي)
5. Photocopy of recent **rental contract(s)** (عقد ايجار) and/or **ownership deed(s)** (سندات ملكية) of house, resort, land and business premises (if applicable).
6. **Certificates of ownership** (إفادة ملكية and/or نفي ملكية) in the name of father and mother for two areas:
Beirut and Caza (قضاء) where the family is registered as per family civil status record and residence area.
These should be obtained from the Ministry of Finance at the following address only: Khandak el Ghamik, near Fouad Shehab bridge, Moukarzel building, 9th floor. Last year the cost of these documents ranged between LL266,000 and LL300,000 for both parents.
For students living abroad, a certificate of ownership from the Land Registry Department where the family resides is adequate.
Applicants should submit copies of ownership deeds for each asset stated in the certificates of ownership.
7. Photocopy of **car(s) registration** form for each car owned by family.
8. Photocopy of loan agreement(s), if any, with all supporting documents.
9. Bank statement certificate of savings (if any).
10. Any additional document that would support the application for financial aid (e.g. medical reports and recent medical/hospital bills, certificate of job termination or end of service, etc...)

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Paste recent colored passport-size photograph.
Do not staple.

Application for Financial Aid

AUB ID No.: _____

Biographical Information

Full legal name: Mr./Ms. _____ / _____ / _____
Last First Middle (or father's name)

Gender: Male Female

Marital status: Single Married Other, _____
specify

Date of birth: _____ / _____ / _____ Place of birth: _____
Day Month Year

Nationality: Lebanese Other, _____
specify

Applicant's residence: On campus With parents Rented apartment: Private Shared
 Others, _____
specify

Parents' address: _____ / _____ / _____ / _____
Area Street Bldg Floor/Apartment

_____ / _____ / _____
PO Box/Zip Code City Country

_____ / _____ / _____
Home phone Cell phone E-mail

Address, if not with parents: _____ / _____ / _____ / _____
Area Street Bldg. Floor/Apartment

_____ / _____ / _____
PO Box/Zip Code City Country

_____ / _____ / _____
Home phone Cell phone E-mail

Academic History

Secondary school/Transfer from other universities, class and major at time of application:

High school	Years attended (from-to)	Financial aid received (if any)	Class completed
University	Years attended (from-to)	Financial aid received (if any)	Degree earned

Faculty, class and major planned for 2009–10:

Faculty: FAFS FAS OSB FEA FHS FM Nursing

Major planned: _____ Class planned: _____

Information on Father

Full name: _____ Year of birth: _____

Married Separated Divorced Widowed If deceased, year of death: _____

Current Work Status:

Employed Self-employed Starting date of current employment: _____

Job title/position: _____

Institution/employer's name : _____

Employer's address: _____ / _____ / _____
Area Street Bldg
 _____ / _____ / _____ / _____
PO Box/Zip Code City Country Work phone

Second Job: Starting date: _____ Full-time Part-time

Job title: _____ Institution: _____

Institution/employer's name: _____

Employer's address: _____ / _____ / _____
Area Street Bldg.
 _____ / _____ / _____ / _____
PO Box/Zip Code City Country Work phone

If currently not working: Last date of employment _____ / _____
Month Year

Unemployed State reason(s) _____
 (Support your statement with documents)

Retired Indemnity received (in LL), if any: _____ Date received: _____
 (Include retirement documents)

Information on previous employment:

(Support the information with documents)

Title/Position	Place of work	Period of work	Previous annual income in LL	Indemnity received (if any) in LL
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Information on Mother

Full name: _____ Year of birth: _____

Married Separated Divorced Widowed If deceased, year of death: _____

Current Work Status:

Employed Self-employed Starting date of current employment: _____

Job title/position: _____

Institution/Employer's name : _____

Employer's address: _____ / _____ / _____
Area Street Bldg

_____ / _____ / _____ / _____
PO Box/Zip Code City Country Work phone

Second Job: Starting date: _____ Full-time Part-time

Job title: _____ Institution: _____

Institution/employer's name: _____

Employer's address: _____ / _____ / _____
Area Street Bldg.

_____ / _____ / _____ / _____
PO Box/Zip Code City Country Work phone

If currently not working: Last date of employment: _____ / _____
Month Year

Unemployed State reason(s) _____
 (Support your statement with documents)

Retired Indemnity received (in LL), if any: _____ Date received: _____
 (Include retirement documents)

Never worked
 (Provide a document from the Social Security Administration (الضمان الاجتماعي) for verification)

Information on previous employment:

(Support the information with documents)

Title/Position	Place of work	Period of work	Previous annual income in LL	Indemnity received (if any) in LL
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Information on Applicant

Work (if any)

Employed Self-employed Period of work: _____

Job title: _____

Institution/employer's name: _____

Institution/employer's address: _____

_____/_____
Telephone

E-mail: _____

If married, provide information on applicant's spouse and children (if any)

Spouse's full name: _____ / _____ / _____
Last First Middle

Date of birth: ____ / ____ / ____ No. of children (if any): _____
Day Month Year

The spouse is: Employed Self-employed Unemployed

If working, spouse's position and title: _____
(Submit supportive documents)

Institution/employer's name: _____

Employer's address: _____ / _____ / _____
Area Street Bldg.

_____/_____/_____
PO Box/Zip Code City Country Work phone

Applicant's children:

Name	Year of birth	School	Class	Annual tuition fees (LL)
_____/_____	_____	_____	_____	_____
_____/_____	_____	_____	_____	_____
_____/_____	_____	_____	_____	_____

State any financial support you receive for your children

Source of fund	Beneficiary	Amount (LL)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Siblings Information (Do not include yourself in this section)

Siblings at school/university

First name	Birth year	Education/class (current year)	Name of school/university	Annual tuition fees (LL)	Financial aid received: amount (LL) / source

Other siblings (Include all other brothers and sisters even those who are not living with the family)

First name	Birth year	Married/Single	Education, if any (state university, degree, and graduation date)	Working (state occupation, starting date, institution name and place)	Annual income (LL)	Not working (state reason and future plans)

Dependents. Include only dependents **living with the family** other than siblings.

Full name	Birth year	Relation to applicant	Describe current status and future plans if any

Financial Information

Family annual income: The source of income of the family must be specified even if parents are unemployed. If the income is not reported the application will be considered **incomplete**.

Annual income from	Year 2007 (in LL)	Year 2008 (in LL)
Father's salary (do not enter retirement salary here, please fill below where appropriate)	_____	_____
Mother's salary (do not enter retirement salary here, please fill below where appropriate)	_____	_____
Applicant's salary	_____	_____
Spouse's salary	_____	_____
Siblings' salary	_____	_____
Other annual benefits from employers (bonus, additional months payable, etc,...)	_____	_____
Annual retirement salary, if retired	_____	_____
Annual interest on savings	_____	_____
All annual income from land/buildings, please provide documents to support your statement		
Shop, explain	_____	_____
Rent of assets, explain	_____	_____
Land, explain	_____	_____
All annual income from other sources, please provide documents to support your statement		
Help from family, explain	_____	_____
Help from institution, explain	_____	_____
Other, explain	_____	_____
Total annual income:	LL _____	_____

Assets

Cash savings or securities: Amount (LL): _____ Annual Interest Amount (LL): _____

Owned properties:

	Location	Real estate lot number	Number of shares	Year purchased or inherited	Area (Sq. m.)	Check if mortgaged*	Estimated present value (LL) if not mortgaged
Business	_____	_____	_____	_____	_____	<input type="checkbox"/>	_____
Home(s):	_____	_____	_____	_____	_____	<input type="checkbox"/>	_____
	_____	_____	_____	_____	_____	<input type="checkbox"/>	_____
Resort(s), mountains, and sea	_____	_____	_____	_____	_____	<input type="checkbox"/>	_____
Building(s), number of floors	_____	_____	_____	_____	_____	<input type="checkbox"/>	_____
Land, number of lots:	_____	_____	_____	_____	_____	<input type="checkbox"/>	_____
	_____	_____	_____	_____	_____	<input type="checkbox"/>	_____
	Owner	Make		Model/year	Year bought		Present value (LL)
Family cars	_____	_____		_____	_____		_____
including the applicant's	_____	_____		_____	_____		_____
	_____	_____		_____	_____		_____

Total estimated value of all assets: _____ **LL**

* Submit official mortgage documents if applicable

Family annual expenses (LL)

Amount (LL) for the Year 2008

- Rent, include homes, winter and/or summer resort(s)
Include rent for applicant if not living with parents _____
- Food and clothing _____
- Educational expenses _____
 - Tuitions, including the applicant's _____
 - Transportation _____
 - Books and supplies _____
- Expenses for household help)
(e.g. housekeeper, cook, security, driver, other workers) _____
- Car(s) expenses, include fuel, mechanic, car insurance _____
- Medical insurance _____
- Life insurance _____
- Electricity bills _____
- Water bills _____
- Telephone bills, include all cell phones _____
- Maintenance, building/apartment _____
- Municipality _____
- Other expenses: if any, specify _____

Unusual expenses, must be supported with **detailed and certified documents** Amount (LL)

- Loan (the amount should reflect the actual payments for one year only) _____
- Housing loan _____
- Car loan _____
- Medical _____
- Other household dependents _____

Total annual expenses L L _____

Details on loans, if any:

Total amount borrowed	Installments		Date		Loan source	Reason	Collateral
	Number	Amount	Start	End			

Expected sources of financial aid other than AUB

Amount (LL)
to cover tuition of AY 2009–10

Other person(s) expected to assist with your educational expenses:

specify name, relation, and telephone: _____¹ _____

Other expected formal sources of financial assistance:

specify source and name: _____² _____

¹ Address: _____

Telephone: _____

²Address: _____

Telephone: _____



Please detach

Employee Income Statement

FORM A should be completed by the employer for every earning member of the family and for each position held. Photocopy this form as needed.

Name of applicant for financial aid: _____

Answer all questions carefully and completely. Any missing information will jeopardize processing your application.

Name of employee: _____

Position and title: _____

	Amount LL (if none, enter '0')
Basic annual salary	
Family annual allowance	
Annual transportation	
Annual accommodation	
Annual profit sharing amount from employer	
Annual bonus	
Annual commission	
Any other annual benefit, specify _____	
Educational benefit (each child separately including child name)	
1.	
2.	
3.	
4.	
5.	

Number of months payable: _____ Years of service: _____

To be completed by employer

Employer's name, title, and seal: _____

Name of institution: _____ Telephone: _____

E-mail: _____

Type of institution, nature of work: _____

I certify that the amounts and information above are accurate and have been verified by me.

Employer's signature: _____ Date: _____

