The MasterCard Foundation Scholars Program
at the
American University of Beirut

Faculty of Health Sciences

Application for Scholarship and Admission
Bachelor of Science in Environmental Health
Bachelor of Science in Medical Laboratory Sciences

AY 2015-16
The MasterCard Foundation Scholars Program at AUB

The Program:

The MasterCard Foundation Scholars Program is a partnership between the Faculty of Health Sciences (FHS) at AUB and The MasterCard Foundation in Canada. The program provides academically promising but financially disadvantaged students an opportunity for quality higher education. It welcomes applications from Lebanese and non-Lebanese young adults living in Lebanon who are sensitive to their communities’ concerns, proactive in their environment, and believers in their ability to make a difference. Students enrolled in the Scholars Program receive comprehensive scholarships, mentoring, leadership development, and life skills support as they transition from their schools to AUB and then to the workforce.

Eligibility Criteria:

The MasterCard Foundation Scholars Program at AUB is open to Lebanese and non-Lebanese students residing in Lebanon who fulfill the following criteria:

1. Attend public schools or attend private schools on financial aid scholarships
2. Show good academic standing in the first and second secondary classes
3. Demonstrate high financial need
4. Exhibit an interest in environmental health or medical laboratory sciences
5. Exhibit an interest in social and public health issues as well as community service
6. Score a minimum of 12/20 on the Lebanese Baccalaureate official exam

Selected students are expected to sit for the EEE exam and/or the SAT exam on a date recommended by the selection committee.

Checklist of documents to be presented:

Candidates must fill out the application form and present it with the documents listed below in person to the AUB Office of Admissions.

Additional documents related to the applicant:

1. Copy of identity card or passport
2. Two recent passport size photos
3. Official and sealed copy of first and second secondary classes school grades with rank and class average.
4. Proof of previous scholarship or financial aid if applicable
5. Certified copy of Official Lebanese Baccalaureate Certificate when available

Additional documents related to the applicant’s family:

1. Family civil status record issued within the previous three months (أخلاق قيد عائلتي)
2. Employment records for every working member of the family.
3. For each dependent child enrolled at school or university, recent school certificate of registration showing annual tuition fees
4. Car registration form for each car owned
5. Proof of home ownership
6. Proof of land ownership

Application Deadline: Friday April 17, 2015
1. Full Legal name

Mr. /Ms. ____________________ / ____________________ / ____________________
Last               First     Middle (or father’s name)

In Arabic: ________________________________________________________________
(Full name as it appears on passport or identity card)

2. Mother’s full maiden name: ________________________________________________
(In English)

3. Current home address:

________________________________________________________________________
Building/Floor / Street / Nearby

PO Box / Area/Caza / City / Country

Telephone (home): _________________________________________________________
Country code / Area code / Number

Email address: _____________________________________________________________

4. Gender:  □ Male       □ Female

5. Date of birth: ____________________________________________________________
    Day         /  Month        /  Year

6. Place of birth: ___________________________________________________________
    (City/Village) /   (District/Caza) /   (Governorate/Mohafaza)

7. Country of birth: _________________________________________________________

Nationality:  □ Lebanese       □ Other ________________________________
[Check both if applicable]  □ [Specify]

Paste recent colored passport-size photograph. Do not staple
8. The available majors are listed below. Please indicate your order of preference (major No.1 is first choice).

________ Environmental Health (BS-ENVH)

________ Medical Laboratory Sciences (BS-MLSP)

9. List the name(s) of high schools or secondary schools at which you studied your first, second, and third secondary years:

<table>
<thead>
<tr>
<th>Name of school</th>
<th>Location (city and country)</th>
<th>From (month/year)</th>
<th>To (month/year)</th>
<th>Date of graduation</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

Name of government secondary school certificate (for example, Lebanese Baccalaureate Part II) or high school diploma held or expected to be received.

_______________________________________________________

Name of certificate/diploma in English

Date received

Date expected

If Lebanese Baccalaureate Part II, please indicate type of certificate (literature and humanities, sociology and economics, general sciences and life sciences):

________________________________________________________________________

If Advanced Level GCE, IB, or advanced Placement, please specify subjects passed (or expected to be passed) and level:

________________________________________________________________________

10. If you are not enrolled in a school this year, how are you spending the year?

________________________________________________________________________

________________________________________________________________________

11. Please indicate in the space below the SAT test(s) that you have taken or plan to take and date(s):

<table>
<thead>
<tr>
<th>Test Date</th>
<th>Reading</th>
<th>Mathematical Reasoning</th>
<th>Writing</th>
</tr>
</thead>
<tbody>
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</table>

12. Have you taken the test of English as a Foreign Language (TOFEL)? If yes please indicate score and date taken:

Score / Month/Year
13. Have you previously applied to, been accepted, or enrolled at AUB?  
☐ Yes  ☐ No  
If yes:  ☐ Applied  ☐ Accepted  ☐ Enrolled: __________________ / ___________________
If accepted and/or enrolled, specify in which major(s). ______________________ / ___________________

14. Health Information
Do you have any physical disabilities? If yes, please describe. This does not affect your eligibility for the program, rather helps us plan better if you are accepted.
_____________________________________________________________________________
_____________________________________________________________________________

15. Have you applied or are you planning to apply to other scholarship programs? If yes, please specify.
_____________________________________________________________________________

16. What is your plan for further education or work if you are not selected among the Scholars of The MasterCard Foundation at AUB?
_____________________________________________________________________________

17. Are you currently working?  ☐ Yes, full-time  ☐ Yes, part-time  ☐ No  
If yes, job title/position: ____________________________________________________________

Institution/employer’s name: _______________________________________________________

Employer’s address:
____________________________________ / _______________________________________
Building/Floor  Street  Area/Caza

____________________________________ / _______________________________________
PO Box  City  Country  Telephone Number

Did you work while at school?  ☐ Yes  ☐ No  
If yes, please specify:  ☐ On weekends  ☐ After school  ☐ During summer holidays

18. Have you been involved in any extracurricular activities and/or volunteer work over the last three years?  
If yes, please describe the type of activity you were engaged in.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Description</th>
<th>Impact</th>
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</table>

5
19. Are you actively engaged in any local group in your community (scouts, non-governmental organization, youth group, political youth group etc.) □ Yes □ No

If your answer is YES, briefly explain what type of group you are involved in, your role in the group, and what activities you have carried out.

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

20. Have you participated in and/or organized any project that served your community? □ Yes □ No

If your answer is YES, briefly explain the project and how it served the community.

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

21. How did you know about The MasterCard Foundation Scholars Program at AUB?
   - School visit
   - Social Affairs
   - NGO
   - Scholars
   - Others, please Specify __________________.

22. Answer the following questions on two separate sheets of paper and attach them to your application. You can choose to answer one of the questions in Arabic.

   a. Explain why you chose to major in Environmental Health or Medical Laboratory Sciences (choose one). What do you like about this specific degree (not generally a university degree or a degree from AUB)? Why are you passionate about it? How do you see yourself using this degree in your future? And how will it help you achieve your future goals and aspirations. Limit your answer to 200-300 words.

   b. Choose one aspect (or characteristic) of Lebanon or of your specific community (city/village) that you value / feel is special or important. Describe this characteristic focusing on why you value it or feel it is important. What can YOU do to ensure this characteristic is maintained? Limit your answer to 200-300 words.
23. Information on Father

__________ / ______________ / __________

Last / First / Middle (or father’s name)

Date of birth: _______________ / ______________ / ______________

Day / Month / Year

1) What is the highest education level attained by your father?

☐ No Formal Education ☐ Elementary
☐ Technical ☐ Secondary ☐ Intermediate
☐ Secondary ☐ University

2) Marital Status:

☐ Married ☐ Separated ☐ Divorced ☐ Widowed
☐ Deceased, year of death: ______________

(Move to part 6)

3) Current Work Status: ☐ Employed ☐ Self-employed ☐ Unemployed

If employed, starting date of current employment: __________________________

Job title/position: __________________________

Institution/employer’s name: __________________________

Employer’s address:

___________________________ / ______________________ / __________

Building/Floor / Street / Area/Caza

PO Box / City / Country / Telephone Number

4) Does your father have a second job? ☐ Yes ☐ No

If yes, starting date of current employment: __________________________

Does he work at this second job: ☐ Full-time ☐ Part-time

Job title/position: __________________________

Institution/employer’s name: __________________________

5) If currently not working: Last date of employment: _______________ / ______________

Month / Year

Reason for unemployment: __________________________

☐ Retired

Indemnity received (in LL), if any: __________________________ Date received: __________________________

6) Information on previous employment:

<table>
<thead>
<tr>
<th>Title/Position</th>
<th>Place of work and address</th>
<th>Period of work (state dates)</th>
<th>Previous annual income in L.L.</th>
<th>Indemnity received (if any) in L.L.</th>
</tr>
</thead>
<tbody>
<tr>
<td>__________________</td>
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7
24. Information on Mother

Last ___________________________ / First ___________________________ / Middle (or father's name) ___________________________ / ___________________________ / ___________________________

Date of birth: ___________________________ / ___________________________ / ___________________________

1) What is the highest education level attained by your mother?
   - [ ] No Formal Education  [ ] Elementary  [ ] Intermediate
   - [ ] Technical  [ ] Secondary  [ ] University

2) Marital Status:
   - [ ] Married  [ ] Separated  [ ] Divorced  [ ] Widowed  [ ] Deceased, year of death: ___________________________

3) Current Work Status:  [ ] Employed  [ ] Self-employed  [ ] Unemployed
   
   If employed, starting date of current employment: ___________________________
   
   Job title/position: ___________________________
   
   Institution/employer’s name: ___________________________

   Employer’s address:
   
   ___________________________ / ___________________________ / ___________________________
   
   Building/Floor / Street / Area/Caza
   
   PO Box / City / Country / Telephone Number

4) Does your mother have a second job?  [ ] Yes  [ ] No

   If yes, starting date of current employment: ___________________________

   Does she work at this second job:  [ ] Full-time  or  [ ] Part-time

   Job title/position: ___________________________

   Institution/employer’s name: ___________________________

5) If currently not working: Last date of employment: ___________________________ / ___________________________

   Reason for unemployment: ___________________________

   [ ] Retired

   Indemnity received (in LL), if any: ___________________________ Date received: ___________________________

6) Information on previous employment:

<table>
<thead>
<tr>
<th>Title/Position</th>
<th>Place of work and address</th>
<th>Period of work (state dates)</th>
<th>Previous annual income in L.L.</th>
<th>Indemnity received (if any) in L.L.</th>
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8
25. Siblings Information (do not include yourself in this section)

**Siblings at school/university**

<table>
<thead>
<tr>
<th>First Name</th>
<th>Birth year</th>
<th>Education/class (current year)</th>
<th>Name of school/university</th>
<th>Annual tuition fees (LL)</th>
<th>Financial aid received: amount (LL) / source</th>
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</table>

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

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

**Dependents** Include only dependents living with the family other than siblings. (example: grandparents, uncles…)

<table>
<thead>
<tr>
<th>Full name</th>
<th>Birth year</th>
<th>Relation to applicant</th>
<th>Describe current status and future plans if any</th>
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</thead>
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</table>
26. 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 then the application will be considered incomplete.

Any income other than salaries, for example, income from shops, lands, etc…must be supported with documents

### Annual Income Form

<table>
<thead>
<tr>
<th></th>
<th>Year 2014 (in LL)</th>
<th>Year 2015 (in LL)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father’s salary (do not enter retirement salary here, please fill below where appropriate)</td>
<td>__________________</td>
<td>__________________</td>
</tr>
<tr>
<td>Mother’s salary (do not enter retirement salary here, please fill below where appropriate)</td>
<td>__________________</td>
<td>__________________</td>
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<tr>
<td>Siblings’ salary</td>
<td>__________________</td>
<td>__________________</td>
</tr>
<tr>
<td>Other annual benefits from employers (bonus, additional months payable, etc…)</td>
<td>__________________</td>
<td>__________________</td>
</tr>
<tr>
<td>Annual retirement salary, if retired</td>
<td>__________________</td>
<td>__________________</td>
</tr>
<tr>
<td>All annual income from land/ buildings</td>
<td>__________________</td>
<td>__________________</td>
</tr>
<tr>
<td>Shop, explain*</td>
<td>__________________</td>
<td>__________________</td>
</tr>
<tr>
<td>Rent of assets, explain*</td>
<td>__________________</td>
<td>__________________</td>
</tr>
<tr>
<td>Land, explain*</td>
<td>__________________</td>
<td>__________________</td>
</tr>
<tr>
<td>All annual income from other sources</td>
<td>__________________</td>
<td>__________________</td>
</tr>
<tr>
<td>Help from family, explain*</td>
<td>__________________</td>
<td>__________________</td>
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<tr>
<td>Help from institution, explain*</td>
<td>__________________</td>
<td>__________________</td>
</tr>
<tr>
<td>Others, explain*</td>
<td>__________________</td>
<td>__________________</td>
</tr>
<tr>
<td><strong>Total annual income:</strong></td>
<td>LL________________</td>
<td>__________________</td>
</tr>
</tbody>
</table>

*For explanation, use a separate piece of paper

### Assets

**Cash savings or securities:** Amount (LL): ____________ Annual Interest Amount (LL): ____________

**Owed Properties:**

<table>
<thead>
<tr>
<th></th>
<th>Location</th>
<th>Real estate lot number</th>
<th>Number of shares</th>
<th>Year purchased or inherited</th>
<th>Area (Sq.m.)</th>
<th>Check if mortgaged*</th>
<th>Estimated present value (LL) if not mortgaged</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Business</strong></td>
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<tr>
<td><strong>Home(s)</strong></td>
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<tr>
<td><strong>Buildings</strong></td>
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<table>
<thead>
<tr>
<th>Family cars including the applicant's</th>
<th>Owner</th>
<th>Make</th>
<th>Model/year</th>
<th>Year brought</th>
<th>Present value (LL)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Family cars</strong></td>
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</tbody>
</table>

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

*Submit official mortgage documents if applicable Year 2014 (in LL) Year 2015 (in LL)
Family Annual Expenses (LL)  Amount (LL) for the year 2015

Rent

Food and clothing

Tuition, including the applicant's

Transportation

Books and supplies

Expenses for household help
(e.g. housekeeper, 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: LL ________________________________

Details on loans, if any:

<table>
<thead>
<tr>
<th>Installments</th>
<th>Date</th>
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<tbody>
<tr>
<td>Number</td>
<td>Amount</td>
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<tr>
<td>Total amount borrowed</td>
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Do you or your family have any financial resources that have not been mentioned above?

If yes, please describe in detail:

___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

If there are any special family circumstances that will describe your situation more accurately, please explain in the space below and submit supporting documents.

___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

Before final selection, shortlisted applicants will be visited in their homes by representatives of The MasterCard Foundation Scholars Program at AUB. The purpose of the visits is to meet the applicant’s family and to exchange information about the program.

I certify that the answers to the foregoing questions and statements on the previous pages were completed by me and are, to the best of my knowledge and belief, true, complete and correct. (I understand that any misrepresentations or material omission made on this form may invalidate this application. I also authorize investigation of all statements contained herein).

Further, I understand that this information and my university records may be reported to The MasterCard Foundation Scholars Program and used for evaluation and other program purposes. All information will be kept in strict confidence and will not be released in any way that would permit individual identification. I authorize release and use of this information, as described above, to The MasterCard Foundation Scholars Program.

Your signature and that of your parent/guardian below signifies agreement to the above terms.

Date: _________________________     Signature of parent or guardian: _________________________

Date: _________________________     Signature of applicant: ____________________________
Employee Income Statement

American University of Beirut

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.

Name of employee: _______________________________________________________________________________

Position and title: ____________________________________________________________________________

<table>
<thead>
<tr>
<th></th>
<th>Amount LL (if none, enter &quot;0&quot;)</th>
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<tbody>
<tr>
<td>Basic annual salary</td>
<td></td>
</tr>
<tr>
<td>Family annual allowance</td>
<td></td>
</tr>
<tr>
<td>Annual transportation</td>
<td></td>
</tr>
<tr>
<td>Annual accommodation</td>
<td></td>
</tr>
<tr>
<td>Annual profit sharing amount from employer</td>
<td></td>
</tr>
<tr>
<td>Annual bonus</td>
<td></td>
</tr>
<tr>
<td>Annual commission</td>
<td></td>
</tr>
<tr>
<td>Any other annual benefit, specify</td>
<td>___________________________</td>
</tr>
</tbody>
</table>

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: __________ / ______ / __________

Email: ____________________________________________ @ ________________

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: ________________________________
Self-Employed Income Statement

**FORM B** should be completed below and submitted with the business registration (سجل تجاري) and income tax statements (ضرائب دخل). It should be completed for each self-employed member of the family.

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 self-employed family member: ____________________________________________

Relationship to applicant: _______________________________________________________

☐ Sole owner ☐ Partner: Number of partners: _____________ Percent share: _______________

☐ Freelance ☐ Other, Specify

Name of institution, if applicable: __________________________________________________

Registration number: ___________________________________ Date: ________________

Nature of company’s/owner’s work/business, in detail: __________________________________________________________

________________________________________________________________________________

Address: _______________________ / __________________________ / ___________________

Bldg. / Street / Area

City / Country / Country code / Area code / Number

Email: __________________________________________________________________________

Number of employees/workers: _______________________________________________________

Annual gross income LL: The gross income is the total revenue of the institution.
__________________________________________________________________________________

Annual net income LL: The net income is the total personal income of the self-employed family member and partners, if any, after deduction of all institution’s expenses.
__________________________________________________________________________________

Name and seal: _____________________________________________________________________

Signature: ____________________________ Date: ________________________________