



AMERICAN UNIVERSITY OF BEIRUT

OFFICE OF FINANCIAL AID
مكتب المساعدات المالية

Full Name:

AUB ID Number:

I certify that I was not benefitting from financial aid while at school or university and I understand that any false statement, information or misrepresentation on this application or any accompanying document(s) may lead to immediate loss of my financial aid and subject me to disciplinary action.

I certify that the below dependents are not benefitting from financial aid while at school or university and that I will inform the Financial Aid Office in case of any change; and I understand that any false statement, information or misrepresentation on this application or any accompanying document(s) may lead to immediate loss of my financial aid and subject me to disciplinary action.

- Dependent Full Name:
- Dependent Full Name:
- Dependent Full Name:
- Dependent Full Name:
- Dependent Full Name:
- Dependent Full Name:

Signature

Date (DD/MM/YYYY)