AMERICAN UNIVERSITY OF BEIRUT

Office of Financial Aid
مكتب المساعدات المالية

SCHOOL/UNIVERSITY SIBLINGS FINANCIAL AID DISCLAIMER

Full Name: _____

AUB ID Number: _____

SLATE ID Number: _____

I certify that the siblings listed below are not currently receiving any form of financial aid at school or university. I will inform the Office of Financial Aid immediately of any change in this status.

I understand that any false statement, false information, or misrepresentation in this application or any supporting document(s) may lead to immediate loss of my financial aid and may subject me to disciplinary action.

Sibling's Full Name: _____

Sibling's Full Name: _____

Sibling's Full Name: _____

Sibling's Full Name: _____

Sibling's Full Name: _____

Sibling's Full Name: _____

_____ _____

Signature Date (MM/DD/YYYY)

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