

**AMERICAN UNIVERSITY OF BEIRUT  
HUMAN RESOURCES DEPARTMENT  
Application for Scholarship at AUB of Eligible Children of Academic and  
Non-Academic Employees**

To: Human Resources Department (Campus)

I would like to hereby apply for educational scholarship at AUB with respect of my eligible child(ren) whose name(s) appear(s) below. I hereby warrant that my child(ren) is/are not benefiting from any other scholarship whatsoever.

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Employee ID Number	Employee Name	Department
<b><u>Student ID</u></b>	<b><u>Student Name</u></b>	<b><u>Class Admitted to</u></b>
1	<hr/>	<hr/>
		20 - 20
2	<hr/>	<hr/>
		20 - 20
3	<hr/>	<hr/>
		20 - 20

I also declare that I fully understand that my request will be subject to consideration and that the submission of this application would not necessarily result in granting me an educational scholarship.

In case my application is approved, I authorize the Comptroller's Office to deduct any amount due to or charged by the University.

Name: \_\_\_\_\_

Date: \_\_\_\_\_  
(dd/mm/yyyy)

Signature: \_\_\_\_\_