



# Mastercard Foundation Scholars Program

at the

American University of Beirut



Application for Scholarship and Admission

AY 2019–20

# Mastercard Foundation Scholars Program at AUB

## The Program

The Mastercard Foundation Scholars Program is a partnership between the American University of Beirut and the Mastercard Foundation. The program provides academically promising students who show proof of leadership skills, an opportunity for quality higher education. It welcomes applications from young adults with limited financial capacity 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 nationals and refugees residing in Lebanon who fulfill the following criteria:

1. Attend public schools or attend private schools on financial aid scholarships (a proof of financial aid should be submitted)
2. Show good academic standing in the first and second secondary classes
3. Score a minimum of 12/20 on the Lebanese Baccalaureate official exam or its equivalent
4. Demonstrate high financial need
5. Exhibit an interest in social issues as well as evidence of commitment to the service of the community
6. Be a Lebanese national or a refugee residing in Lebanon

Selected students are expected to sit for an English placement exam on a date recommended by the program.

## Checklist of documents to be presented:

**INCOMPLETE APPLICATION (MISSING ANSWERS OR MISSING DOCUMENTS) WILL NOT BE CONSIDERED AND WILL BE IMMEDIATELY DISQUALIFIED**

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

## Additional documents related to the applicant:

1. Copy of identity card or passport
2. One recent passport size photo (paste on 1st page of the application form)
3. **OFFICIAL AND SEALED COPY** of the first and second secondary classes' school grades with rank and class average in addition to an attendance certificate for grade 12
4. Proof of previous scholarship or financial aid if applicable. Provide a statement from school stating how much financial aid is given if at a private school
5. Certified copy of the Official Lebanese Baccalaureate Certificate when available or a certified copy of Syrian certificate with equivalence by MEHE

## Additional documents related to the applicant's family:

1. Family civil status record issued within the previous three months (Original with a copy of original) or a copy of the family card for Syrian applicants
2. Employment records for every working member of the family
  - Fill form A: If form A is applicable please provide it with a stamp on the form
  - Fill form B: If self-employed, provide business registration and income tax documents; if form B is applicable and you don't have business registration or income tax, provide us with a certificate from the notary stating your business and yearly income
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 in Lebanon. If the house is rented you need to provide a copy of the rental agreement with a certificate from the notary that states no home ownership
6. Proof of land ownership in Lebanon. If no land is owned, you need to provide a certificate from the notary stating that you do not own a land
7. UNHCR registration certificates for Syrian applicants if applicable / or copy of residence permit
8. Bank statement(s) for working family member(s)
9. Loan statement(s) if available for family member(s)
10. A certificate from the notary verifying where you live. (إفادة سكن)

**Application Deadline: Friday, March 1, 2019**

# برنامج منح مؤسسة «ماستركارد فاوندايشن» في الجامعة الأميركية في بيروت

## البرنامج

برنامج منح مؤسسة «ماستركارد فاوندايشن» هو شراكة بين الجامعة الأميركية في بيروت ومؤسسة «ماستركارد فاوندايشن». هذا البرنامج يتيح للشباب المتفوقين علمياً الذين يتمتعون بمهارات قيادية، فرصة للحصول على منحة دراسية في الجامعة الأميركية في بيروت. يؤمن البرنامج تغطية للتكاليف الجامعية كاملة، الإرشاد والمتابعة خلال فترة المكوث في الجامعة، فرصة لتعزيز المهارات الحياتية والقيادية، والدعم في التوجيه المهني للطلاب قبل التخرج. يتوجه برنامج الماستركارد إلى الطلاب الطموحين لبناء مجتمع أفضل، الفعالين في بيئتهم، والمؤمنين بقدرتهم على التغيير.

## شروط قبول الطلبات

يستقبل برنامج مؤسسة «ماستركارد فاوندايشن» في الجامعة الأميركية في بيروت طلبات الشباب اللبنانيين واللجانين من جنسيات اخرى المقيمين في لبنان والذين تتوفر لديهم المعايير التالية:

1. أنهوا دراستهم الثانوية في مدرسة رسمية (إذا كان الطالب مسجلاً في مدرسة خاصة، عليه تقديم إثبات وجود منحة دراسية من المدرسة المعنية)
2. توفّقوا دراسياً في الصّفين الثانوي الأول والثّاني
3. نالوا معدلاً لا يقلّ عن ١٢/٢٠ في البكالوريا الرسميّة اللبنانية أو ما يعادلها
4. أظهروا إثباتاً عن الحاجة المادية للمنحة
5. لديهم اهتمام بالشؤون الإجتماعية والتطوع، كما الالتزام بالعمل الإجتماعي
6. مقيمين في لبنان (لبنانيين أو غير لبنانيين)

على الطلاب المختارين الخضوع لامتحان اللغة الانكليزية في موعد يحدده البرنامج لاحقاً.

## المستندات المطلوبة

على الراغبين بالتقدم لبرنامج المنح تعبئة نموذج الطلب وتقديمه مع المستندات المطلوبة أدناه شخصياً الى مكتب القبول في الجامعة الأميركية في بيروت.

## مستندات شخصية مطلوبة تتعلق بمقدم الطلب:

1. صورة عن الهوية او جواز السفر
2. صورة شمسية عدد ١ ( تلصق على الصفحة الاولى من الطلب)
3. نسخة مختومة ومغلقة من علامات الصّفين الثانوي الاول والثانوي الثاني موضح فيها المعدل الوسطي للصف و مرتبة الطالب.
4. مستندات إثبات في حال حصول الطالب على منح مدرسية اذا كان مسجلاً في المدارس الخاصة
5. نسخة رسمية عن علامات إمتحانات البكالوريا الرسمية عند الحصول عليها

## مستندات عائلية مطلوبة لمقدم الطلب:

1. اخراج قيد عائلي اصلي او صورة طبق الاصل لا يتجاوز تاريخه الثلاثة اشهر أو صورة عن دفتر العائلة للسوريين
2. افادة عمل لكل فرد يعمل في العائلة
- تعبئة نموذج «أ» في حال كان الفرد موظفاً وختم النموذج من صاحب العمل وفي حال عدم وجود ختم رسمي لصاحب العمل، يطلب عندها إفادة مختار عن طبيعة العمل والراتب
- تعبئة النموذج «ب» إذا كان الفرد لديه عمل مستقل، عليه أن يقدم إثبات ضريبة الدخل والسجل التجاري . في حال عدم توقّر ضريبة الدخل والسجل التجاري يجب تقديم إفادة مختار توضح العمل والمدخول السنوي .
3. افادة مدرسية لجميع الاخوة مع قيمة الاقساط السنوية
4. صورة عن دفتر السيارة او السيارات التي تملكها العائلة
5. صورة عن سند ملكية البيت او صورة عن عقد الايجار
6. صورة عن سند ملكية الارض في حال وجودها
7. وثيقة الامم المتحدة للسوريين او صورة عن الإقامة
8. كشف حساب للاهل
9. كشف حساب لأي قرض للعائلة في حال وجوده
10. إفادة سكن من مختار المحلة

سيتم استبعاد الطلب في حال عدم الإجابة عن الأسئلة كاملة، أو في حال عدم توفر أي من المستندات المطلوبة.

Application Deadline: Friday, March 1, 2019



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

## Application for Undergraduate Study at AUB

For the Academic Year 2019–20

**American University of Beirut**  
Office of Admissions, College Hall, Beirut, Lebanon

Please answer questions 1 to 8 in clean capital letters.

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 (not AUB box) Area/Caza City Country

Telephone (home): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Country code Area code Number

Mobile: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
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  Palestinian  Syrian  Other \_\_\_\_\_  
Check more than one if applicable Specify

8. Applicant living with:  Parents  Relatives  Other \_\_\_\_\_  
Specify

9. Please indicate majors in order of preference:

Holders of the Lebanese Baccaureate or its equivalent (French Baccaureate, International Baccaureate, GCE, etc.) qualify for consideration for admission to the sophomore class at AUB. Admission to the sophomore class for applicants of the Mastercard Foundation Scholars Program is based on standardized school averages for grades 10 and 11. Standardization of school grades takes into consideration class size, rank (if available) and average of applicant compared to class average. Since admission is competitive depending on the major sought, applicants are urged to apply to more than one major in any of the 6 faculties (up to three majors if available). Applicants who do not fulfill English requirements for admissions will be placed in either English Intensive courses for one semester or will be registered for the University Preparatory Program for one year.

**Note: Due to program restrictions, the first choice of major might not be always available.**

An applicant may not apply to more than three majors. Each major can be from any faculty. Please indicate your order of preference (Major No. 1 is your first choice).

**Choices**

**Code of Faculty                      Code of Major**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**AUB Program Codes**

<b>Faculty of Agricultural and Food Sciences (FAFS)</b>	
Agribusiness	BS-AGBU
Agriculture	BSA-AGRI
Food Sciences and Management	BS-FSMT
Landscape Architecture	BLA-LDAR
Nutrition and Dietetics	BS-NTDT
<b>Faculty of Arts and Sciences (FAS)</b>	
Applied Math (BA)	BA-APPM
Applied Math (BS)	BS-APPM
Arabic Language and Literature	BA-ARLL
Archaeology	BA-AROL
Art History	BA-AHST
Biology	BS-BIOL
Chemistry	BS-CHEM
Computer Science	BS-CMPS
Economics	BA-ECON
Education/Elementary	BA-EDU-EEDU
English Language	BA-ENGL-LANG
English Literature	BA-ENGL-LITR
Geology	BS-GEOL
History	BA-HIST
Mathematics	BS-MATS
Mathematics	BA-MATA
Media and Communication	BA-MCOM
Petroleum Studies	BS-PTST
Philosophy	BA-PHIL
Physics	BS-PHYS
Political Studies	BA-POLS
Public Administration	BA-PUBA
Psychology	BA-PSYC
Sociology-Anthropology	BA-SOAN
Statistics	BA-STAT
Statistics	BS-STAT
Studio Arts	BA-SART
<b>Suliman S. Olayan School of Business (OSB)</b>	
Business Administration (Concentrations in: Accounting, Business Information, Decision Systems, Entrepreneurship, Finance, Management and Marketing)	BBA-BUADM
<b>Maroun Semaan Faculty of Engineering and Architecture (SFEA)</b>	
Graphic Design	BFA-GRPD
Civil Engineering	BEN-ECIV
Construction Engineering	BS-CONS
Computer and Communications Engineering	BEN-ECMP
Electrical and Computer Engineering	BEN-EECE
Industrial Engineering	BEN-INDE
Mechanical Engineering	BEN-EMCH
Chemical Engineering (BS) or	BS-CHME
Chemical Engineering (BEN)	BEN-CHME
<b>Faculty of Health Sciences (FHS)</b>	
Environmental Health	BS-ENVH
Medical Laboratory Sciences	BS-MLSP
Medical Audiology Sciences	BS-MAUD
Medical Imaging Sciences	BS-MIMG
<b>Faculty of Medicine (FM), Hariri School of Nursing</b>	
Bachelor of Science in Nursing	BSN-NURS
RN- Bachelor of Science in Nursing (for applicants with technical nursing background)	RN-BS-NURS

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

School Name	School Type (Public/Private/UNRWA)	Location (City/Country)	From (month/year)	To (month/year)	Date of Graduation

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:

\_\_\_\_\_

If Syrian Baccalaureate Part II, please indicate type of certificate (literature and humanities, scientific):

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

Test Date	Reading/Writing	Mathematical Reasoning	Essay

13. Have you taken the Test of English as a Foreign Language (TOEFL)? If yes, please indicate score and date taken:

\_\_\_\_\_ / \_\_\_\_\_  
 Score                      Month/Year



21. Have you been involved in any extracurricular activities (e.g. sports, music, arts ...) and/or volunteer work over the last three years? If yes, please describe the type of activities you were engaged in. (Provide attendance certificate from organization)

Activity	Hours per week	Role	Months in a year	Number of years

22. 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. (Please provide a statement that verifies your role)

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23. 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. (Please provide statement that verifies your project)

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24. How did you know about the Mastercard Foundation Scholars Program at AUB?

- Ministry of Social Affairs
- Social media
- Current or previous MCF scholars
- NGO, please specify \_\_\_\_\_
- Other, please specify \_\_\_\_\_



25. Information on Father:

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Last name First name Middle name (or father's name)

Date of birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Day Month Year

- 1) What is the highest educational level attained by your father?
- No Formal Education       Elementary       Intermediate  
 Technical       Secondary       University

- 2) Marital Status:
- Married    Separated    Divorced    Widowed    Deceased, year/month 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 (not AUB 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   or    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 LBP), if any: \_\_\_\_\_ Date received: \_\_\_\_\_

- 6) Information on previous employment:

Title/Position	Place of work and address	Period of work (state dates)	Previous annual income in LBP	Indemnity received (if any) in LBP
_____ / _____	_____ / _____	_____ / _____	_____ / _____	_____ / _____
_____ / _____	_____ / _____	_____ / _____	_____ / _____	_____ / _____
_____ / _____	_____ / _____	_____ / _____	_____ / _____	_____ / _____

26. Information on Mother:

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Last name First name Middle name (or father's name)

Date of birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Day Month Year

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

- 2) Marital Status:
- Married    Separated    Divorced    Widowed    Deceased, year/month 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 (not AUB 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 \_\_\_\_\_ / \_\_\_\_\_  
 Month Year

Reason for unemployment \_\_\_\_\_

Retired

Indemnity received (in LBP), if any: \_\_\_\_\_ Date received: \_\_\_\_\_

- 6) Information on previous employment:

Title/Position	Place of work and address	Period of work (state dates)	Previous annual income in LBP	Indemnity received (if any) in LBP
_____ / _____	_____ / _____	_____ / _____	_____ / _____	_____ / _____
_____ / _____	_____ / _____	_____ / _____	_____ / _____	_____ / _____
_____ / _____	_____ / _____	_____ / _____	_____ / _____	_____ / _____

27. How many persons including yourself depend on the income of your parents for daily living expenses? \_\_\_\_\_

28. 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 (LBP)	Financial aid received (amount (LBP) / source)

**Other siblings** (include all 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 (LBP)	Not working (state reason and future plans)

**Dependents** Include only dependents living with the family other than siblings. (e.g., grandparents, uncles...)

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

29. 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.

Monthly Income Details تفصيل المدخول شهرياً	Father الوالد	Mother الوالدة	Other/Spouse آخرين/زوج او زوجة
Basic Salary* الراتب الأساسي			
Benefits (educational, bonus, family allowance, transportation, extra month, rewards...)* مستحققات أخرى (تعليمية، علاوات، تعويضات عائلية، مواصلات، أشهر إضافية، مكافآت)			
Interest and / or investments* فوائد مصرفية و/أو إستثمارات			
Income from private business* مداخيل من الأعمال الخاصة			
Other income (Specify)* مداخيل أخرى (حدّد)			
Total Income مجموع المداخيل			

\*For explanation, use separate piece of paper

**Assets** Cash savings or securities: Amount (LBP) \_\_\_\_\_ Annual interest Amount (LBP) \_\_\_\_\_

Owned Properties الممتلكات	Location موقع العقار	Real estate lot number رقم العقار	Year purchased/ inherited سنة الشراء	Area (Sq.m.) المساحة بالمتر المربع	Estimated present value (in LBP) القيمة الحالية بالليرة اللبنانية
Business * الممتلكات التجارية					
Home(s)* المنزل / منازل					
Buildings (number of floors)* أبنية - عدد الطوابق					
Land number of lots* أراضي - عدد القطع					
<b>TOTAL</b>					
Owned Cars المركبات المملوكة	Owner المالك	Make نوع المركبة	Model Year سنة التصنيع	Year Purchased سنة الشراء	Present Value (in LBP) القيمة الحالية بالليرة اللبنانية

\*Submit official mortgage documents if applicable

## Annual Expense Form

Type of Expenses نوع المصاريف	Explanation شرح	Monthly Amount (LBP) القيمة الشهرية	Annual Amount (LBP) القيمة السنوية
Household expenses (food, clothing and other supplies) نفقات الأسرة المعيشية (أغذية، ملابس ولوازم أخرى)			
Utilities (electricity, water, Diesel) نفقات المرافق (كهرباء، مياه ومازوت)			
Telephone expenses (Mobile, fixed line) تكاليف الهاتف (جوال، أرضي)			
Cars (taxes*, insurance, gasoline, maintenance) المركبات (ضرائب، تأمين، بنزين وصيانة)			
House rent, taxes and maintenance* إيجار المنزل، وضرائب، وصيانة			
School / University tuition and other fees (excluding applicant's)* رسوم مدرسية وجامعية، بالإضافة إلى رسوم أخرى (باستثناء تلك المتعلقة بمقدم الطلب)			
Lodging (dorms / apartment rent)* سكن طالبي (سكن طالبي أو إيجار شقة)			
Transportation (bus, taxi...) مواصلات (حافلات، سيارات أجرة...)			
Travel expenses مصاريف سفر			
Medical insurance* تأمين صحي			
Personal Loan repayment*(Specify) تسديد قروض شخصية (حدّد) House سكني Car مركبات Business تجاري Other أخرى			
Other expenses (Specify) مصاريف أخرى (حدّد)			
Total Expenses مجموع المصاريف			







# Employee Income Statement

## American University of Beirut

Detach and mail to AUB

**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.

**This document must be signed and stamped by the employer.**

Name of applicant to the program: \_\_\_\_\_

Answer all questions carefully and completely.

Name of employee: \_\_\_\_\_ Position/title: \_\_\_\_\_

	Amount LBP (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: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Email: \_\_\_\_\_ @ \_\_\_\_\_  
Country code Area code Number

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: \_\_\_\_\_



## إفادة دخل الموظف

**نموذج أ:** يُرجى ملء الاستمارة المبينة أدناه، وإرفاقها بكتاب صادر عن رب العمل يحدد فيه المنصب الذي يشغله الموظف، ويُبين عدد سنوات الخدمة. يرجى نسخ هذه الاستمارة إذا اقتضت الحاجة.  
يرجى من رب العمل توقيع و ختم هذا النموذج

اسم الطالب \_\_\_\_\_

الوظيفة \_\_\_\_\_ إسم الموظف \_\_\_\_\_

### القيمة بالليرة اللبنانية (أدخل "صفر" في حال عدم التوفر)/ العدد

الراتب السنوي الأساسي

التعويض العائلي

بدل مواصلات

بدل سكن

المبلغ الناتج عن المشاركة في أرباح المؤسسة

علاوة سنوية

عمولة سنوية

تعويضات أخرى

(منحة دراسية) كل ولد على حدة

١.

٢.

٣.

٤.

٥.

عدد الأشهر المدفوعة \_\_\_\_\_ سنويا عدد سنين الخدمة \_\_\_\_\_

إسم رب العمل/ ختم المؤسسة \_\_\_\_\_

اسم المؤسسة \_\_\_\_\_

هاتف \_\_\_\_\_ نوع العمل واختصاص المؤسسة \_\_\_\_\_

البريد الإلكتروني \_\_\_\_\_

أفيد أن المعلومات الواردة آنفاً هي صحيحة وموثقة مني شخصياً

التاريخ \_\_\_\_\_ التوقيع \_\_\_\_\_

يرجى عدم تعبئة هذه الصفحة إذا قمتم بإضافة المعلومات على الإستمارة (أ) باللغة الإنكليزية\*



## Self-Employed Income Statement

### American University of Beirut

**FORM B** should be completed below and submitted with the business registration (سجل تجاري) and income tax statements (ضريبة الدخل). It should be completed for each self-employed member of the family. Photocopy this form as needed.

Name of applicant to the program: \_\_\_\_\_

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 of Share: \_\_\_\_\_

Freelance  Other \_\_\_\_\_  
Specify

Name of institution, if applicable: \_\_\_\_\_

Registration number: \_\_\_\_\_ Date: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Building / Floor Street Area

\_\_\_\_\_ / \_\_\_\_\_  
City Country

Telephone: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Email: \_\_\_\_\_ @ \_\_\_\_\_  
Country code Area code Number

Number of employees/workers: \_\_\_\_\_

Annual gross income LBP: \_\_\_\_\_  
(The gross income is the total revenue of the institution)

Annual net income LBP: \_\_\_\_\_  
(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: \_\_\_\_\_

## إفادة دخل أصحاب المهن والأعمال الحرة

**نموذج ب:** يُرجى ملء الاستمارة المبيّنة أدناه، وإرفاقها بسجّل تجاري (أو إفادة مختار في حال عدم توفره) وكتاب عن ضريبة الدخل. يجب على كل صاحب مهنة حرة في الأسرة أن يملأ هذه الإستمارة. يُرجى نسخ الإستمارة إذا اقتضت الحاجة.

الرجاء الإجابة على الأسئلة التالية بتأنّ وبصورة كاملة. المعلومات الناقصة تُؤدّي إلى عرقلة عملية دراسة الطلب

اسم الطالب \_\_\_\_\_

إسم صاحب المهنة/العمل الحر \_\_\_\_\_

العلاقة بالطالب(ة) \_\_\_\_\_

طبيعة العمل \_\_\_\_\_

متملك منفرد  شريك: عدد الشركاء \_\_\_\_\_  نسبة المشاركة/الحصة \_\_\_\_\_

الرجاء الإجابة على هذه المجالات في حال وجودها

إسم المؤسسة \_\_\_\_\_

رقم تسجيلها \_\_\_\_\_

تاريخ التسجيل \_\_\_\_\_

طبيعة العمل بالتفصيل \_\_\_\_\_

العنوان \_\_\_\_\_

الهاتف \_\_\_\_\_ البريد الإلكتروني \_\_\_\_\_

عدد الموظفين/العمّال \_\_\_\_\_

المدخول الإجمالي السنوي \_\_\_\_\_

المدخول الصافي السنوي (أي المدخول الإجمالي بعد استبعاد كميّة الإنفاق منه) \_\_\_\_\_

الإسم والختم \_\_\_\_\_

التوقيع \_\_\_\_\_ التاريخ \_\_\_\_\_

\* يُرجى عدم تعبئة هذه الصفحة إذا قمتم بإضافة المعلومات على الإستمارة (ب) باللغة الإنكليزية

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