



FA Number: \_\_\_\_\_  
Submission Date: / /  
FA Number: \_\_\_\_\_  
Submission Date: / /

## University Of Balamand

### Financial Aid Application

Financial Aid applications are valid for one academic year only.

Student's Name: \_\_\_\_\_

UOB ID Number: \_\_\_\_\_

#### Instructions:

Students should submit an application for financial aid to the Office of Financial Aid in Zakhem Building Room 111. In order to qualify, students should:

1. Be enrolled as regular students
2. Have a good academic record
3. Be in financial need
4. Not be on disciplinary probation

Continuing students who are interested in applying for financial aid for the next academic year should apply by first of May.

New students may also apply for financial aid. They should submit the application by first of October (if joining UOB in the Fall semester), or by end of February (if joining UOB in the Spring semester).

Your application for Financial Aid must be accompanied by the following documents:

- a- Family Civil Status Record (not exceeding the date of issue six months)
- b- Medical reports for any health problem in the family
- c- Recent certificate of enrollment at school or university showing annual tuition fees for each dependent child in the family.
- d- Recent Employment Certificate(s) for job(s) held by each earning member of the family clearly stating occupation, job title, years of service, income and benefits (e.g. educational benefits, accommodation, etc...)
- e- For each member of the family who is (are) self-employed or unemployed, documentation should be provided by the Mayor of the town (المختار). The self-employed member should provide as well the Business Registration (سجل تجاري), income tax statements (ضريبة دخل), and the business bank statement of account for the last three years.

The Financial Aid Committee has the right to request other documents if needed.

- Students who provide inaccurate or incomplete information, their applications will be rejected.
- Please do not wait until the last moment to submit your application.
- House visits could be scheduled to further assess the applicant's financial need.
- All information in this application will be treated in a confidential manner.
- Please answer all questions as completely as possible.
- Please make sure that the handwriting is clearly readable.

**A- Personal Information**

1- **Student's Name:**

---

FIRST	MIDDLE	LAST
-------	--------	------

- 2- **Gender:**             Male             Female
- 3- **Marital status:**     Single             Married             Other specify
- 4- **Nationality:**         Lebanese         Other Specify \_\_\_\_\_
- 5- **Applicant's residence:**             Dorm             With parents
- Rented apartment:  Private             Shared             Other specify

The amount of the annual rent: \_\_\_\_\_

6- **Address:**

---

---

Telephone  
(Home): \_\_\_\_\_ Cell: \_\_\_\_\_

Email address:  
\_\_\_\_\_

**7- Information related to Father**

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

- Married
- Separated
- Divorced
- Widowed
- If deceased, year of death: \_\_\_\_\_

If the father is alive, please specify:

a- Health Status: \_\_\_\_\_

b- Professional status:

- Employed
- Self-employed
- Retired
- Unemployed

If currently not working, please specify the last date of employment and position:

\_\_\_\_\_

**8- Information related to Mother**

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

- Married
- Separated
- Divorced
- Widowed
- If deceased, year of death: \_\_\_\_\_

If the Mother is alive, please specify:

a- Health Status: \_\_\_\_\_

b- Professional status:

- Employed
- Self-employed
- Retired
- Unemployed

If currently not working, please specify the last date of employment and position:

\_\_\_\_\_

**9- Persons who live under the supervision of the parents:**

Name	Relationship with applicant	Health Status	Profession
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**10- Other persons living in the same house:**

Name	Relationship with applicant	Health Status	Profession
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**B- Financial Information**

**1- Properties (Lands- Buildings- Cars ... ):**

Type of properties	Value
_____	_____
_____	_____
_____	_____
_____	_____
	Total: _____

**2-Annual Family Income:**

Sources (Family member- Properties- Family support...)	Annual income
_____	_____
_____	_____
_____	_____
_____	_____
	Total: _____

**3- Annual Family Expenses:**

a- Educational Expenses

Family Members	Institution	Annual Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

b- Medical Expenses

Family Members	Type of Medical Expenses	Annual Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

c-General Expenses: (Rent House- Transportation- Electricity bills- Water bills- Municipality- Telephone bills- Food- Clothing- Dorms...)

Type	Annual Amount
_____	_____
_____	_____
_____	_____
_____	_____
<b>Total:</b>	_____

**C- Academic Information**

1- Major \_\_\_\_\_ Faculty: \_\_\_\_\_ Academic Year: \_\_\_\_\_

2- Expected major for next academic year: \_\_\_\_\_

3- What are the expected sources of financial aid for the next academic year?

Possible Sources (Bank, Foundation...)	Amount
_____	_____
_____	_____
_____	_____
<b>Total:</b>	_____

4- Do you want to apply for student work at the University Of Balamand? Why?

---

---

5- Why are you applying for financial aid?

---

---

**D- References** (Please mention two persons)

Name	Occupation or Position	Address	Telephone
_____	_____	_____	_____
_____	_____	_____	_____

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

---

---

---

---

---

---

I, the undersigned applicant, do hereby certify that the information provided for the purpose of Financial Aid is true and complete. I allow the investigation of all the above-mentioned information, as I know that any false or omitted information may lead to the cancellation of my application.

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

Date: \_\_\_\_\_