

APPLICATION FOR FINANCIAL AID

INSTRUCTIONS:

- 1.** This application must be completed by the applicant, in their own handwriting and in block letters.
- 2.** It must be submitted to the Financial Aid Officer, along with all of the requested documents, before the deadline.
- 3.** The deadline for submitting applications is **May 31** for those applying for the first semester, and **December 30** for those applying for the second semester.
- 4.** The requested documents are listed on the first page of the application. Forms that need to be filled out may be found on the last 4 pages of the application.
- 5.** No application will be considered for financial aid if any one of the requested documents is missing.
- 6.** Other additional documents may be requested as needed.
- 7.** It is mandatory that first time applicants be interviewed by the chairman of the Financial Aid Committee. The date for the interview will be set once the application has been submitted.

N.B. The application for the financial aid is also available on the web.

For Questions:

Financial Aid Officer
Haigazian University
E-mail: financialaid@haigazian.edu.lb
Telefax: 961-1-353 010/1/2
Ext: 303

HAIGAZIAN UNIVERSITY

CHECKLIST TO BE FILLED BY FINANCIAL AID OFFICER

Dear Mr./Ms.: Date:

This is to inform you that your application for financial aid will be considered by the Financial Aid Committee only if:

- a- You submit the following requested documents.
- b- You are interviewed by the chairman of the Financial Aid Committee.

THE ITEMS CHECKED BELOW ARE MISSING IN YOUR FILE:

- 1. A recent passport-size photograph.
- 2. Photocopy of recent Family Civil Status Record.
- 3. Photocopy of car(s) registration form for each car owned by family members.
- 4. Photocopy of all recent rent contract(s) and/or ownership deed(s) of houses, business premises, land, etc.....
- 5. Income Statement forms for each earning member of the family. Form-FA1 for employed member(s) and Form-FA2 for self-employed member(s).
- 6. "Confidential Statement on Student Financial Condition" forms. (2)
- 7. Recent school registration certificate(s), showing tuition fees and financial aid (if applicable) for each dependent child enrolled at school or university.
- 8. Medical report for sick members of the family (if applicable).
- 9. Photocopy of loan agreement(s) (if applicable).
- 10. Other

DEADLINE FOR SUBMITTING MISSING DOCUMENTS:

Interview date:.....

With:

Location:.....

Please note that aid is granted on the basis of a good scholastic record, character, recommendation and financial need.

Received by:

Sincerely Yours,
Mrs. Maral Gurunian
Financial Aid Officer



HAIGAZIAN UNIVERSITY

FINANCIAL AID APPLICATION

ACADEMIC YEAR 20 20

Date Received:

Application N°:

HAIGAZIAN UNIVERSITY ID NUMBER:						
1. Name as in Application Form	First Name		Father's Name		Family Name	
2. Sex & Marital Status	Male	Female	Single	Married		
3. Date & Place of Birth	Date of Birth		Place of Birth			
4. Expected University Academic Status	Class	Major	Major Average	Cumulative Average		
5. Home Address						
6. Residence While Attending University	With Parents/Relatives		Rented Shared Apartment	Rented Private Apartment		
7. Phone Number(s) Where Applicant Can Be Reached	Home/Mobile		Office or Work Place	Other (Relative - Friend)		
8. E-mail Address						
9. Previous Financial Aid Received While Attending School or University	Year	Source (Fund or Organization)			Amount Per Year	
10. Other Applications for Financial Aid from Outside Sources Pending or Planned for Next Year	Year	Presented to (Organization, firm, individual)			Amount per year	
11. Family Information	Father's Name	Date of Birth	Nationality	Country of Residence	Country of Origin	
	Mother's Name	Date of Birth	Nationality	Country of Residence	Country of Origin	
	Father		Mother		Parents	
	Living	Deceased	Living	Deceased	Divorced	Separated

12. Work Information: Give Full Details Even If Parents Are Deceased or Retired (Use Item 22 for Further Details)	Name of Father's Employer		Employer's Mailing Address		
	Father's Work		Years in Work	Telephone	
	Name of Mother's Employer		Employer's Mailing Address		
	Mother's Work		Years in Work	Telephone	
	Name of Applicant's Employer		Employer's Mailing Address		
Applicant's Work		Years in Work	Telephone		
13. Name of Dependent Children Attending School or University Including Applicant (List Applicant's Name First)	Name	Date of Birth	School or University	Full Tuition and Expenses	Aid Received
14. Names of Other Members of Household	Name		Date of Birth	Type of Work	Annual Earning
15. Family Automobiles	Number of Car(s)		Model(s) and Year(s)	Value at Present	Debts on Car(s)
16. Description of Family Residence	Rented	Owned	Number of Rooms	Years Old	Debts on House/Apartment
17. Description of Other Owned Properties (Land, Building, Shop, Apartment)	Type of Property		Location	Value at Present	Yearly Income

18. Annual Income of Family Over the Past Two Years	ANNUAL INCOME			
	Description		20	20
	Father's Income			
	Mother's Income			
	Sibling's and/or Relative's Income			
	Applicant's Income			
	Other Income (Rent, Relatives, etc.)			
TOTAL INCOME				
19. Annual Expenses of Family Over the Past Two Years	ANNUAL EXPENSES			
	Description		20	20
	Educational Expenses			
	House Rent			
	Shop Rent			
	Food & Clothing Expenses			
	Other Expense (Electricity, Water, Telephone, Medical, etc.)			
TOTAL EXPENSES				
20. Family Status of Married Applicants	Number of Children	Location of Family	Wife's/Husband's Type of Work	Yearly Income
21. Applicant's Family Contribution	Maximum Amount Applicant or Family Can Pay			
22. Other Information	Explain Below Any Special Circumstances About Which the University Should Know			
23. Indicate Physical Handicap (If Any)				

REFERENCES

LIST THE NAMES OF THE TWO PEOPLE WHO FILLED OUT THE “CONFIDENTIAL STATEMENT OF STUDENT FINANCIAL CONDITION”. PLEASE NOTE THAT THEY MUST NOT BE RELATIVES OR NEIGHBORS.

Name	Occupation	Telephone	Mailing Address
1.			
2.			

I declare that I am in need of financial assistance to continue my education; I also certify the information given in this application is true, correct and complete. I authorize investigation of all statements contained therein. I further understand that any misrepresentation or omission made on this form renders me liable to the disruption and the discontinuation of the grant. I agree to work for the university in partial repayment for the financial aid I may receive. I agree to work for as many hours as I am instructed to work at any time outside my class hours at Haigazian University.

Signature _____

Date _____

Address:

HAIGAZIAN UNIVERSITY

P.O.Box: 11-1748, Riad El Solh, 1107 2090, Beirut, Lebanon

Tel: (01) 349230/1 - (01) 353010/1/2 - Fax: (01) 350926

Web page: www.haigazian.edu.lb

HAIGAZIAN UNIVERSITY

FINANCIAL AID OFFICE

Form FA1

Income Statement for Employees

Note: This should be completed by the employer for **every employed member** of the family.
You may photocopy this as needed.

Name of financial aid applicant: _____

Name of employee: _____

Position and title: _____

Relationship to applicant: _____

Income Type	Amount in LBP
Basic annual salary	
Family annual allowance	
Annual transportation	
Annual Educational Allowance: (include names)	
Child 1: _____	_____
Child 2: _____	_____
Child 3: _____	_____
Total Income	
Other Benefits: (Please specify) _____	

To be completed by the employer

Name of institution and seal: _____

Type of institution (nature of work): _____

Employer's name: _____ Telephone: _____

Employer's signature: _____ Date: _____

HAIGAZIAN UNIVERSITY

FINANCIAL AID OFFICE

Form FA2 Income Statement for the Self Employed

Note: This should be completed by **each self employed member** of the family. **You may photocopy as needed.** Please attach income tax statement if applicable.

Name of financial aid applicant: _____

Name of self employed family member: _____

Relationship to applicant: _____

Sole owner Partner: N° of partners: _____ Partner Share: _____

Free-lance Other (Specify): _____

Name of Institution (if applicable): _____

Registration Number (if any): _____ Date: _____

Nature of Work/Business in detail: _____

Address: _____ / _____

Area

City

/ _____ Telephone: _____

Country

Number of employees: _____

Annual gross income in LBP: _____

Annual expenses in LBP: _____

Annual net income in LBP: _____

Name and seal: _____

Signature: _____

Date: _____

Form FA3
Confidential Statement on
Student Financial Condition



HAIGAZIAN UNIVERSITY

P.O.BOX: 11-1748
Riad El Solh, 1107 2090, Beirut, Lebanon
Tel: (01) 349230/1 - (01) 353010/1/2
Fax: (01) 350926
Web page: www.haigazian.edu.lb

Name of Reference: _____

Name of Student: _____

This student at our institution has applied for financial aid and has referred to you as a person who has personal knowledge of the family's financial condition.

We kindly request you to complete this form and return it to the student in a **closed and sealed envelope**.

We appreciate immensely the kind service you are rendering to Haigazian University.

The information will be treated by us as strictly confidential.

1. For how long have you known the applicant and or his /her family? _____

2. How well do you know the family's financial condition? Very well; Well; Not well

3. Knowing their financial situation appreciably well, would you consider him/her eligible for financial assistance?

4. Father gainfully employed: Yes; No. If yes, annual earnings LBP _____

5. Mother gainfully employed: Yes; No. If yes, annual earnings LBP _____

6. Annual earnings of other members of the family (brothers, sisters, etc.) LBP _____

7. Does the applicant have any personal income? If yes, annual earnings LBP _____

8. Annual family income from other sources (Land, building, pensions, etc.) LBP _____

9. Does applicant's family own land: Yes; No. If yes, where _____

Approximate value LBP _____

10. Does applicant's family own building(s)? Yes; No. If yes, where _____

Approximate value LBP _____

11. Does applicant's family own automobiles? Yes; No. If yes, how many? _____

Use of automobiles: Private; Business. Value of automobiles LBP _____

12. Any other property of value: Yes; No. If yes, explain giving value and income _____

13. Total number of family members, including applicant: _____

14. Other members of the family currently in pursuit of education: Please furnish their names and institutions in which they are enrolled. _____

15. The Full tuition of the whole year is LBP _____

What part of this sum do you think the applicant can pay? _____

16. Additional relevant information which could assist determining the financial need of the applicant (Use a separate sheet, if necessary) _____

Date: _____

Signature: _____