Form FA3 Confidential Statement on Student Financial Condition



HAIGAZIAN UNIVERSITY

P.O.BOX: 11-1748

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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 s	student in a closed and sealed envelope.
We appreciate immensely the kind service you are rendering to H	Haigazian University.
The information will be treated by us as strictly confidential.	
For how long have you known the applicant and or his/her fa	amilv?
How well do you know the family's financial condition? □ Very well □ Well □ Not well	
Knowing their financial situation appreciably well, would you compared to the state of the	
 Is the father gainfully employed? ☐ Yes ☐ No If yes, annual 	al earnings LBP
 Is the mother gainfully employed? ☐ Yes ☐ No If yes, ann 	
6. Annual earnings of other members of the family (brothers, sisters, etc.) LBP	
7. Does the applicant have any personal income? If yes, annual	l earnings LBP
8. Annual family income from other sources (Land, building, pensions, etc.) LBP	
9. Does applicant's family own a land(s)? ☐ Yes ☐ No If yes,	, where
Approximate value LBP	
10. Does applicant's family own apartment(s)? ☐ Yes ☐ No If	yes, where
Approximate value LBP	
11. Does applicant's family own an automobile(s)? ☐ Yes ☐ No	o If yes, how many?
Use of automobile(s): ☐ Private; ☐ Business. Value of automob	oile(s) LBP
12. Do you know of any other property of value (shop, building, e	etc.)? 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	
Name of family member	Educational Institution
Ivallie of fallilly frieffiber	Educational institution
15. The Full tuition of the whole year at Haigazian University is Li	
What part of this sum do you think the applicant can pay?	
 Additional relevant information which could assist in determine 	
necessary)	
Date:	Signature:
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