

HAIGAZIAN UNIVERSITY FINANCIAL AID RENEWAL APPLICATION

Academic Year 2020 - 2021

For Office Use:	
Received on:	
Application No.:	

Applications received after the deadline (May 15, 2020) may not be considered.

Documents that must accompany this application are:

- 1. Income Statement forms for each earning member of the family. Form-FA1 for employed member(s) and Form-FA2 for self-employed member(s).
- 2. Recent school registration certificate(s), showing tuition fees and financial aid, if applicable, for each dependent child currently enrolled at school or university.
- 3. Documents related to changes in the family (if applicable.) (Ex. car, medical condition, assets, loan(s) etc.) N.B. Additional documents may be requested as needed.

TO BE COMPLETED B	Y THE APPLICA	ANT.							
HAIGAZIAN UNIVERSITY ID	NUMBER :								
1. Name: As On ID	First Name		Father's Name		Family Name				
2. Current University Academic Status	Class		Major	Major Aver	rage C	umulative Average			
3. Phone Number(s) on Which Applicant Can Be Reached	Но	me	Office or Wo	ork Place	Personal Mobile				
4. Financial Aid Received during Current Year	Year 1.2019-2020 2.2019-2020 3. 4.	Source (Fund or Organization)					unt Per Year		
5. Other Applications for Financial Aid From Outside Sources Pending or Planned for Next Year	Year 1.2020-2021 2.2020-2021 3. 4.	Prese	nted to (Organizatio	on, Firm, Individ	dual)	Amou	unt Per Year		
6. Name of Dependent Children Attending School or University Including Applicant. (List Applicant's Name First)	Name	Date of Birth	School or Univers	ity	Full Tuit Expense		Aid Received		

	Rented	Owned	Num	nber of F	of Rooms Years Old		ars Old	Debts on House/Apartment		
7. Description of Family Residence										
8. Description of Other	Type of F	Property		Location			Value at	Yearly Income		
Owned Properties										
(Land, Building,										
Shop, Apartment)										
9. Annual Income &	ANNUAL INCOM			ME (in LBP)			ANNUAL EXPENSES (in LBP)			
Expenses of Family for the Current Year	Description		2020			Description	2020			
for the Current Year	Father's Income		е				Educational Expense			
	Mother's Income					House Rent Expenses				
		sibling's and /or elative's Income			Workspa	ce Rent Expenses				
	Applica	nt's Incon	ne				Food & (Clothing Expenses		
		come (Fr				Other Expenses (Electricity,				
	Rent, Re	latives, e	tc.)			Water		r, Medical, etc.)		
		TOTAL INCOME			тот	AL EXPENSES				
10. Family Status of	Number of Location Children		ion of F	amily Wife's/Husband's type of work			sband's type of	Yearly Income		
Married Applicants	Crinarori						WOIN			
11. Other Information	Expla							Vhich the University esidence, Medical,		
		(IIIOII	uuc ai	iy Orlan	ge iii i e	4111111	Otatus. Te	csiderice, ivicalear,	cto.)	

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 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	
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