**Financial Aid Application**

**Fall semester 2020-2021**

 Conditions for submitting a Financial Aid application:

1. The student must have completed 16 credits
2. His GPA should not be less than 2.00
3. He should not have obtained any grant or aid from any other party (cooperative, army, public security, internal security, gendarmerie ...), for the 2020-2021 academic year.

Please fill out the application and email it with the required documents to: Studentaffairs@aou.edu.lb, no later than ---------------

**Required Documents**: The applicant must present a hard copy of the financial aid application with the following documents:

1- A recent statement of salary (for the student, his guardian, his unmarried siblings).

2- The lease contract (for the student or the student’s guardian) with the last rental receipt (if any) in the case of rented accommodation.

3- A recent family record showing all the changes occurring in the family (death, marriage, childbirth, divorce ...).

4- In the event that there are loans or debts to a company or bank (the applicant or the head of the family), he must provide a photocopy of the loan agreement.

5- A medical invoice in the event of a family member’s chronic illnesses.

**Only complete applications will be processed**

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

Student ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program (major) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Personal information**

Student First name: \_\_\_\_\_\_\_\_\_\_\_\_\_

Father's name: \_\_\_\_\_\_\_\_\_\_\_\_\_ -

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

Gender: Male Female

Marital Status: Single Married Other Status (specify)

Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of family members: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of working family members: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Residence: With parents? Yes No

If no, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nature of residence: Ownership Rent

 If rent, specify monthly rent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home address:

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

Home phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_

Student mobile: \_\_\_\_\_\_\_\_\_\_

Are you working? Yes No

If yes, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is it a Part time or Full time job? \_\_\_\_\_\_\_\_\_\_\_\_\_

Monthly Salary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office number: \_\_\_\_\_\_\_\_\_\_\_\_\_

Institution name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your family have a private car? Yes No

If yes, specify vehicle Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Manufacture Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you paying for your tuition fees? Yes No

If no, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parents Information**

Father's name:

Age:

Maritul Status: Married divorced

If Deceased, specify which year:

Work Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fixed position: Yes No

If yes, specify Monthly Salary \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Instittution, address, and phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If he doesn’t work, state the reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Retirement pension of any: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother's name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age:

Maritul Status: Married divorced

If Deceased, specify which year:

Work Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fixed position: Yes No

If yes, specify Monthly Salary \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Instittution, address, and phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If she doesn’t work, state the reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Retirement pension of any: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Siblings Information** (please do not include married siblings who do not live with the family)

1. Name:

 Age:

 School or University name:

 If employed: Job Type --------, Name of institution-----, Monthly ------salary

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 Age:

 School or University name:

 If employed: Job Type --------, Name of institution-----, Monthly ------salary

1. Name:

 Age:

 School or University name:

 If employed: Job Type --------, Name of institution-----, Monthly ------salary

**Applicants’ Spouse information (if Married)**

Name:

Age:

Marital Status: Married divorced

If Deceased, specify which year:

Work Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fixed position: Yes No

If yes, specify Monthly Salary \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Instittution, address, and phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If he/she doesn’t work, state the reason:

Explain the situation that prompts you to seek financial aid:

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

I hereby declare that the above information is true and correct, and I pledge to inform the Arab Open University in the event of any change that may occur to the above information.

I also declare that I do not receive any grant or assistance from any other party (cooperative, army, public security, internal security, gendarmerie ...) for the 2020-2021 academic year.

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

Date \_\_\_\_\_\_\_\_\_