

INFORMATION AND GENERAL GUIDELINES

THIS APPLICATION FORM SHOULD BE COMPLETED AND RETURNED WITH ALL SUPPORTING DOCUMENTS TO THE DEAN OF ADMISSION'S OFFICE BEFORE THE END OF APRIL.

1. Applications that have missing information and/or missing documents will be considered incomplete and hence will not be evaluated.
2. The Financial Aid Application Form is complete when the following documents have been submitted with the application:
 - a. Statement of Income obtained from the Employer of every earning member of the family. This statement should verify the occupation, job title, years of service, and benefits (e.g. educational benefits, accommodation, etc.).
 - If working for the Public Sector, the Income Statement issued by the government should be submitted.
 - If an earning member is self employed, documentation for annual income should be provided in the form of a written personal statement together with the Business Registration (سجل تجاري) and income tax statements.
 - b. School certificate of annual fees for each dependent child enrolled at a university/ college or a school other than ACS.
 - c. Photocopies of recent relevant documents pertinent to assets and liabilities mentioned in the application (e.g. housing rent, mortgages, loan agreements, car registration forms, etc.).
 - d. Family Civil Status Record for Lebanese applicants.
 - e. Certificate of ownership in the name of the father and/or mother from the Land Registry Department (بنطاق معلومات عن الملكية العقارية)
 - f. Any additional document that would support your application for Financial Aid (e.g. medical reports, hospital bills, certificate of job termination, etc.).
3. Financial aid will be allocated for one year based on the financial need of the family. A new application is required for every new academic year.
4. Children of members of the Financial Committee of the Parents' Committee are not eligible for financial aid.
5. ACS is obliged to verify the information stated on the Financial Aid Application Form.
6. An interview with the Dean of Admissions will be scheduled and all information provided will be kept strictly confidential.
7. Notification of financial aid approvals will be communicated before the end of June.

STUDENT(S) BIOGRAPHICAL INFORMATION

Last Name	First Name	Middle/ Father's	I.D. #	Nationality (ies)	Current Grade	Academic Program

PHYSICAL ADDRESS IN LEBANON

Floor/Apartment	Building	Street
City	Country	Postal Code
Home Phone		
E-mail		

PARENTS' INFORMATION

FATHER'S NAME	Date of birth (MM/DD/YY)	<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Employed
Occupation/ Job Title	Institution / Employer's name	Phone Number	
Address			

MOTHER'S NAME

Date of birth (MM/DD/YY)

Self-Employed Employed

Occupation/ Job Title

Institution / Employer's name

Phone Number

Address

CURRENT MARITAL STATUS:
(where applicable)

Married

Separated/ Divorced

Father remarried

Mother remarried

Mother living, father deceased

Father living, mother deceased

FAMILY DEPENDENTS

1. How many persons, including the student applicant, are dependent upon the family income? Please list below:

Relationship	Age	Relationship	Age
1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.		10.	

2. How many are dependent upon the family income for their Education?

List dependents, excluding the applicant, who are registered in other schools or universities:

Name	Name & Location of School/ University	Annual Cost to Attend	Family Contribution	Financial Aid Received Grant/ Loan/ Work

FINANCIAL INFORMATION

1. Enter family's total ANNUAL INCOME in L.L. or USD

Source of Income	Actual Last Year	Estimated This Year	Estimated Next Year
Father			
Mother			
Other (explain below)			
TOTAL			

Explain

2. The primary source of family income is from:

Employment

Family owned business

Other

If other specify source (explain with documents):

COMMENTS

Use this space to mention special circumstances that you think the institution should consider in judging the amount of money the student will need.

CERTIFICATION

We declare that the information on this form is true, correct, and complete. ACS has our permission to verify the information reported by obtaining documentation as specified in Financial Information, item # 6. We also agree that any misrepresentation or material omission made on this form may invalidate this application and cancel any financial aid awarded to my child / children.

.....
Signature of Father, Stepfather, Sponsor or Male Guardian

.....
Date

.....
Signature of Mother, Stepmother, or Female Guardian

.....
Date

PLEASE DO NOT WRITE BELOW THIS LINE (FOR OFFICIAL USE ONLY)
