

FOR OFFICIAL USE

Serial No:

Student's Name		RHU ID Number	
College		Major	
Semester		Year	
Phone Number		Date	
Academic Status			
Enrollment	<input type="radio"/> New <input type="radio"/> Continuing		
Class	<input type="radio"/> Freshman <input type="radio"/> Sophomore <input type="radio"/> Junior <input type="radio"/> Senior <input type="radio"/> Graduate		
Credits Earned		# Credits to graduation	
CGPA		Last Semester GPA	

Applying for the First Time

Reapplying

Previous Financial Aid Granted: %; or Work-study hours received:

Other scholarship/Grant: %

FINANCIAL AID COMMITTEE ACTION

Financial Aid decision:

Rejected

Incomplete File

Low Need

Did not show up for interview

Medium Need

Not Eligible

High Need

Misrepresentation

Financial Aid % Granted

Student Affairs Office

.....
Signature

.....
Date

FINANCIAL AID APPLICATION FORM

- A. This application should be completed carefully and submitted, with relevant documents, to Student Affairs Office (SAO).
- B. **Financial Aid Applications are valid for one academic year only.** A new application is required for every new academic year.
- C. Any misrepresentation, inconsistency or withholding of information may lead to a denial of all Financial Aid. In such cases, the university reserves the right to take all the legally possible routes to insure the return of Financial Aid money paid without the need to obtain judgment authorizing university to do so.
- D. The interview with the parents might be required before the student is granted Financial Aid for the first time. Further interviews or home visits may be required if needed.

APPLICANT'S INFORMATION

Attach a recent colored passport-size photo here

Name:

.....

First

Middle/ Father's Name

Family

Place and Date of Birth

Place

MM / DD / YYYY

Nationality Second Nationality (if available).....

Sex: Male

Marital Status: Single

Female

Married

Other

Applicant's Residence: on campus with parents

Rented Apartment: private shared others (specify)

Applicant's Residence Address: City Area & Street: Building/ Floor.....

Telephone: Residence: Mobile: E-mail:

High School (Last 3 Years)	City/ Country	Year From To	Diploma/Certificate Completed
University (if attended)			Degree Earned

PARENT'S INFORMATION

Family Status: Married Divorced Separated

Father - Guardian

Name.....

Living Yes No Year of Birth Age.....

Education High School University

Profession:

- self-employed
 employed
 unemployed
 retired

Occupation

Mobile.....

E-mail

Mother - Guardian

Name.....

Living Yes No Year of Birth..... Age.....

Education High School University

Profession:

- Self employed
 employed
 unemployed
 retired

Occupation.....

Mobile

E-mail

Parents' Mailing and Residence Address:

City Country

Area & Street Building/ Floor/.....

P.O. Box Postal Code

Home Telephone

SIBLING INFORMATION (BROTHERS AND SISTERS)

	NAME	AGE	EDUCATION (current year)	Annual Tuition Fees	Status	OCCUPATION (Current Year)	Annual income
1.							
2.							
3.							
4.							
5.							
6.							
7.							

FAMILY INCOME & EXPENSES DETAILED INFORMATION IN US \$

(Recent documents required for all)

Annual Income Details for the Current Year				
	Father	Mother	Other (specify)	If other specify
Basic salary				
Benefits (bonus, family allowance, transportation, extra month, rewards ...)				
Interest				
Income from private business				
Educational benefits (all siblings excluding applicant)				
Investments				
Rent income				
Sponsors				
Other income (specify)				
Loan(s) taken (if to cover expenses or tuition)				
				Total of all
Total gross income				
Less income tax, NSSF and/or Coop charges				
Total net income				

ASSETS

Expense Details		Annually
House Rent		
Schooling tuition & other fees (excluding applicant)		
University Fees (excluding applicant)		
Medical insurance company name and class:		
Medical insurance premium (Monthly Fee):		
Household help (maid, driver, daycare ...)		
Loan repayment (specify)	House	
	Car	
	Business	
	Other	
Other expenses (daily expenses, medical expenses,...)		
Total expenses		
Net Income (Total Income minus Total Expenses)		
Total Savings:		

FINANCING OF EDUCATION AT RHU

Estimated Resources

Amount in \$ (Per Year)

From Savings
Parent's Contribution
Educational Benefits
Applicant's Salary (if any)*
Other (foundations, relatives, sponsors, bank loans) **
*Address: Telephone:	
**Name & Address: Telephone:	

Please use the space below for any additional information which you feel will assist the SAO in assessing your need.

we hereby declare that the aforementioned information is true, accurate and complete.

we also understand that this application will not be processed if not fully completed and that the student who gets Financial Aid based on incorrect information will have to pay it back.

we authorize the University to verify all statements contained therein by any means it deems. We waive any claim to privacy or confidential information that might arise out of the inquiry conducted by the University for purposes of verifying data stated in this application or during the interview.

we further undertake to inform the University of any positive change as soon as it happens if it affects our financial status presented above.

N.B.: kindly note that any misrepresentation, inconsistency or withholding of information may lead to the denial of your grant. The university reserves the right to verify the authenticity of the presented information and/or documents. The university further reserves the right to take all legally possible routes to ensure the return of all monies paid without the need to obtain judgment authorizing it to do so.

ONLY COMPLETE FILES SUBMITTED WITHIN SET DEADLINES WILL BE PROCESSED. The submission deadline for the 2019-2020 academic year is May 2, 2019.

"Any document submitted to RHU becomes the property of the university and not be returned or photocopied."

..... Date Student's Signature
..... Parent's Name Parent's signature

Documents needed:

1. Recent photograph of the applicant
2. Family Civil Status Record (issued within the previous 6 months).
3. If provider(s) is(are) employed:
 - a. Recent employment certificate(s) for the job(s) clearly stating occupation/job title, years of service & all benefits granted.
 - OR
 - b. Part A of the Appendix: Income Statement Form (either in Arabic or English) duly filled, signed and stamped by the employer, or an Income Statement indicating annual gross income and specifying all additional benefits (ex: Educational, Transportation, Accommodation ...)
4. If the providers(s) is(are) self-employed:
 - a. Part B of the Appendix: Income Statement Form (either in Arabic or English) duly filled, signed and stamped by the concerned family member.
 - b. Official business registration and shareholders' documents should be provided. If applicable.
 - c. Official balance sheet/Income tax document if applicable.
5. Recent Rent Contract of rented out property or ownership title documents for owned property.
6. Certificate of unemployment (NSSF document) for every unemployed or self-employed provider.
7. Recent school statement or receipts of annual fees for each dependent child enrolled at a school and/or university (excluding applicant)
8. Photocopy of car(s) registration form (family and personal) and the most recent annual car tax receipt(s) [mecanique].
9. Photocopy of loan agreement(s), if any, with all supporting documents.
10. Any additional document that would support the Financial Aid application.

Appendix

Part A

EMPLOYEE INCOME STATEMENT

Name of Applicant: ID#:

Employee's Name:	
Position & Title:	
Date of Employment:	
	Amount in US\$ (if "none", kindly indicate as such)
Annual Basic Salary	
Annual Family Allowance	
Annual Transportation	
Annual Accommodation	
Annual Profit Sharing Amount from Employer	
Annual Bonus	
Annual Commission	
Any Other Annual Benefit	
Educational Benefits (each child separately)	
1.	
2.	
3.	
4.	
5.	

No. of Months Payable / Year:

Employer's Name & Title:

Name of Institution:

E-mail: Telephone:.....

Type of Institution (Nature of Work):

Employer's Signature & Seal: Date:

Appendix

Part B**SELF-EMPLOYED INCOME STATEMENT**

Name of Applicant: RHU ID #:

Name of Self-Employed family Member:

Relation to Applicant:

Type of Business: Sole Ownership
 Partnership: No. of Partners: Percent share:
 Other (specify):
 Freelance

Name of Institution (if applicable):

Registration No. Date of Registration:

Company / Owner's Nature of Work (Detailed):

.....

Address:.....

.....

Email:..... Telephone:

Number of Employees/Workers:

Annual Gross Income (US\$):

Annual Net Income (US\$) (Gross Income Less Institution's Expenses):

Signature & Seal: Date: