



## BHS OLD SCHOLARS ASSOCIATION (BHS OSA) FINANCIAL AID APPLICATION FORM

**Full Name of Student :** \_\_\_\_\_

**Grade :** \_\_\_\_\_

### Instructions

This Financial Aid application can be filled out and returned with all supporting documents to the BHS Old Scholars Association, Abu Jawdeh Building, 4<sup>th</sup> Floor, Brummana, Lebanon.

The deadline for all applications is **February 27**. To schedule an appointment please call the BHS OSA on +961 4 964 454.

The Scholarship application form is only complete when all the following documents have been submitted with the application:

1. **Employment certificate obtained from the employer of each parent, if both are employed. It should specify the occupation, job title, salary, years of service, number of months payable and benefits (educational benefits, accommodation, etc.).**
2. **If a parent is self-employed, please provide documentation of annual income, as well as the Business Registration (سجل تجاري) and income tax statements.**
3. **Copy of Family Civil Status Record (اخراج قيد عائلي) for Lebanese applicants.**
4. **Copy of passport for non-Lebanese applicants.**
5. **School certificate of annual fees for each child dependent on your family income enrolled at a university/college or a school including BHS.**
6. **Photocopies of recent relevant documents related to assets and liabilities mentioned in the application (e.g. mortgage, loan agreements, car registration forms, etc.).**
7. **Photocopy of recent rental contract (عقد ايجار) and/or ownership deed(s) (سندات ملكية) of a house, resort, land, and/or business premises.**
8. **Any additional documentation that would support the application for scholarship (e.g. medical reports and recent medical/hospitals bills, certificate of job termination, etc.), of the applicant and all the family members.**
9. **Original last three years (including current year's) academic records signed and stamped by the relevant School's Authorized signatory.**
10. **Current year's academic records to be submitted by end of June.**
11. **Proof of all previous and current financial aid received.**
12. **Copy of any financial aid applications you are currently applying for.**

**Please note: House visits could be scheduled to further assess the applicant's financial need.**



**Please keep in mind:**

- **BHS OSA will verify the information stated on the Financial Aid application. All information contained in the application will be kept strictly confidential.**
- **BHS OSA will notify applicants of the Financial Aid Application results before the end of July.**
- **Applicants should reapply yearly.**

**1- Applicant's information:**

Last name: \_\_\_\_\_ First name: \_\_\_\_\_  
Telephone No: \_\_\_\_\_ Email address: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Nationality: \_\_\_\_\_  
Current grade: \_\_\_\_\_

**2- Home address:** \_\_\_\_\_

**3- Parent's information:**

Father's information

Last name: \_\_\_\_\_ First name: \_\_\_\_\_  
Telephone No: \_\_\_\_\_ Email address: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Nationality: \_\_\_\_\_  
 Employed  Self-employed

Occupation / Job title: \_\_\_\_\_

Institution / Employer's name: \_\_\_\_\_

Work address: \_\_\_\_\_

Work telephone No: \_\_\_\_\_ Email address: \_\_\_\_\_

If currently unemployed, please state the reason and last date of employment:

\_\_\_\_\_

Mother's information

Last name: \_\_\_\_\_ First name: \_\_\_\_\_  
Telephone No: \_\_\_\_\_ Email address: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Nationality: \_\_\_\_\_  
 Employed  Self-Employed

Occupation / Job Title: \_\_\_\_\_

Institution / Employer's Name: \_\_\_\_\_

Work address: \_\_\_\_\_

Work telephone No: \_\_\_\_\_ Email address: \_\_\_\_\_

If currently unemployed, please state the reason and last date of employment:

\_\_\_\_\_



Family Members who are Old Scholars:

- Father
  Mother
  Brother
  Sister

**4- Current Marital Status of Parents:**

- Married
  Separated / Divorced
  Father remarried
  Mother remarried  
 Mother living, Father deceased
  Father living, Mother deceased
  Both parents deceased

**5- Please list below dependents on the family income other than the immediate family members (such as aunts, uncles, grandparents, etc...).**

No.	Relationship to Applicant	Age
1		
2		
3		
4		

**6- Please list below, the dependents on family income for education, including the applicant:**

No.	Name	School name	Tuition fees	Tuition assistance received (from school)	Educational benefit (from employer)
1					
2					
3					
4					
<b>Total</b>					

**7- Total annual income in \$:**

Father: \$ \_\_\_\_\_ + Mother: \$ \_\_\_\_\_ + Other: \$ \_\_\_\_\_ = \$ \_\_\_\_\_

**8- Cars owned by the family:**

	Make	Model	Year
Father			
Mother			
Other			



**9- Expenses:**

Enter amount spent annually by the family for:

	Monthly in \$	Yearly in \$
• Housing (Rent / Mortgage payments):	_____	_____
• Educational tuition costs (School / University):	_____	_____
• Insurance (Medical / Life / Car):	_____	_____
• Electricity and water:	_____	_____
• General expenses:	_____	_____
• Other (Maid / Transportation / Medicine, etc):	_____	_____

**Total expenses:**

\_\_\_\_\_

**Type of Loan**

- House Loan
- Bank Loan
- Car Loan
- Credit Cards
- Friends
- Family
- Other Debts

Monthly in \$	Total Amount in \$
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Total loans:**

\_\_\_\_\_

**List purpose for which other debts were incurred:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**10- References:**

Names, addresses and telephone numbers of at least two persons (not relatives) who are familiar with your circumstances:

	Name	Address	Telephone #
1			
2			
3			



**11- Additional remarks that you think the Financial Aid Committee should consider in reviewing your application:**

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**Signature of Applicant:**

**Date:** \_\_\_/\_\_\_/\_\_\_

**We confirm that all the information in this application is accurate and truthful.**

We are aware that BHS OSA has the right to check the information provided in this application, as it sees fit.

We also confirm that any missing or incorrect information will be grounds for cancelling this application as well as any previously granted financial aid.

**Signature of Father / Guardian:**

**Date:** \_\_\_/\_\_\_/\_\_\_

**Signature of Mother / Guardian:**

**Date:** \_\_\_/\_\_\_/\_\_\_

**For Financial Aid Committee use only:**

Academic year: **20** \_\_\_ / **20** \_\_\_

- Grade 10
- Grade 11
- Grade 12
- Previous financial aid granted
- Applying for the 1<sup>st</sup> time
- Incomplete file
- Eligible
- Misrepresentation

**Financial Aid Committee Decision:**

- Rejected                       Accepted

Recommendation

- 25%                       50%                       75%                       90%

**Remarks:** \_\_\_\_\_

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