LEBANESE GERMAN UNIVERSITY
الجـــــــامعة اللبنـــــانية الألمـــــــانية

FINANCIAL AID APPLICATION

ID: _____ Academic Year: 20…. / 20…. ☐ Fall ☐ Spring

Faculty: _____ Major: _____

Level of Studies: ☐ Undergraduate ☐ Graduate

☐ Applying for the first time

☐ Reapplying

I - PERSONAL INFORMATION

Name and Family name: _____

Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widow(er) ☐ Remarried

Mobile Number: _____

Personal Email: _____ LGU Email: _____

Permanent Family Home Address

☐ Owned ☐ Rented

_____

Bldg Street City District/Caza Country

Current Address (if different from above)

☐ Dorm ☐ Rented Apartment ☐ Other: _____

_____

Bldg Street City District/Caza Country

Medical Coverage

☐ No ☐ Yes, please specify:

☐ NSSF ☐ Private Insurance ☐ Public Employees COOP ☐ Municipalities

☐ Customs ☐ Internal Security ☐ General Security ☐ State Security

☐ Lebanese Army

Specific Health Condition

☐ No ☐ Yes, please specify: _____

_____

Employment Status

☐ Unemployed ☐ Part time Job ☐ Full time Job

Institution Name _____ Position _____

Institution Address _____

Monthly Income _____ Weekly Schedule _____

Owned Vehicle

☐ No ☐ Yes ☐ Own Car ☐ Parent's Car

Car Model _____ Manufacture year _____

II – ACADEMIC INFORMATION

Average Grade of Official Baccll exam: _____

Attended High School/University

HIGH SCHOOL NAME	YEARS ATTENDED	CLASS (ES) COMPLETED	AVERAGE SCHOOL GRADES

UNIVERSITY NAME	YEARS ATTENDED	CREDITS EARNED	FINANCIAL AID/ SCHOLARSHIP	NET ANNUAL TUITION

III – PARENTS' INFORMATION

Father	Mother
Name: _____	Full Maiden Name: _____
Date of Birth: _____	Date of Birth: _____
Mobile Number: _____	Mobile Number: _____
Current Professional Status:	Current Professional Status:
☐ Employed ☐ Unemployed	☐ Employed ☐ Unemployed
☐ Self-Employed ☐ Retired	☐ Self-Employed ☐ Retired
Position _____	Position _____
Institution Name _____	Institution Name _____
Institution Address _____	Institution Address _____
_____	_____
Monthly Income _____	Monthly Income _____
Specific Health Condition	Specific Health Condition
☐ No ☐ Yes, please specify: _____	☐ No ☐ Yes, please specify: _____
_____	_____

If Deceased: Year of Death: _____ If Deceased: Year of Death: _____

Previous Work: _____ Previous Work: _____

Monthly Allowance still cashed by the Family: Monthly Allowance still cashed by the Family:

_____ _____

IV- SPOUSE INFORMATION (IF APPLICABLE)

Name and Surname: _____ Date of Birth: _____

Mobile Number: _____

Current Professional Status: ☐ Employed ☐ Unemployed ☐ Self-Employed ☐ Retired

Institution Name _____ Position _____

Institution Address _____

Monthly Income _____

Specific Health Condition

☐ No ☐ Yes, please specify : _____

_____

If Deceased: Year of Death: _____ Previous Work: _____

Monthly Allowance still cashed by the Family: _____

INFORMATION ABOUT THE CHILDREN (IF ANY)

NAME	AGE	SCHOOL / UNIVERSITY NAME	FINANCIAL AID/ SCHOLARSHIP	NET ANNUAL TUITION

V – SIBLINGS' INFORMATION

Siblings currently studying

NAME	AGE	SCHOOL / UNIVERSITY NAME	CLASS/ YEAR OF STUDY	MAJOR	FINANCIAL AID/ SCHOLARSHIP	NET ANNUAL TUITION

Siblings currently working (including those who are still studying as mentioned above)

NAME	AGE	COMPANY NAME	POSITION	MONTHLY INCOME

Siblings or parents currently enrolled at LGU ☐ **Siblings or Parents Alumni at LGU** ☐

Name _____ **Major** _____ **ID**_____

Name _____ **Major** _____ **ID**_____

VI - ADDITIONAL INFORMATION

Is the family receiving support from any institution, NGO, or individual? ☐ **No** ☐ **Yes**

If yes, specify source, type and amount: _____

Is the family receiving any financial support for school or university from an external source?

☐ **No** ☐ **Yes**

If yes, specify source and total amount: _____

I certify that all information and supporting documents I have provided in this financial aid application are true, complete, and accurate to the best of my knowledge. I understand that any material misrepresentation, omission, or false statement may result in the rejection of this application, the withdrawal of financial aid, and/or other disciplinary action in accordance with the University policy.

I hereby authorize the University to verify, authenticate, and investigate all information and documentation submitted as part of this application by any means it deems appropriate, including but not limited to contacting educational institutions, governmental agencies, employers, financial institutions, and any other relevant third party. I consent to the release of such information as necessary for verification and understand that the University may request further documentation or clarification if needed.

I agree to notify the University promptly of any changes in my financial circumstances or other information that may affect my eligibility for financial aid. I acknowledge that the University reserves the right to reject this application, discontinue financial aid, or take corrective action without prior notice if discrepancies or new information arises.

I understand that all information and documentation I have provided in this application will be treated as confidential and protected in accordance with applicable privacy laws and University policies.

Date _____ **Signature** _____ **Parent Signature** _____

VII- REQUIRED DOCUMENTS

- Copy of family register
- Copy of applicant's high school and BaccII official grades (new applicants only)
- Copy of university transcript and tuition certificate (graduate and transfer students only)
- Tuition certificate for each sibling
- Certificate of employment for the applicant and every working family member, indicating the nature of the job and remuneration
- Copy of the parents' last income tax statement (if self-employed)
- Copy of the parents' retirement salary certificate (if applicable)
- Copy of the last rental contract for the parents' residence
- Copy of the last rental contract for the applicant's residence if different from that of parents
- Copy of the registration card of car(s) owned by the family
- Medical report for the applicant and for each member of the family (if applicable)
- Copy of medical coverage attestation (if applicable)