

## ATHLETIC SCHOLARSHIP APPLICATION FORM

Kindly type the application. Handwritten applications will not be accepted.

Student ID: \_\_\_\_\_ Academic year : \_\_\_\_\_

### PERSONAL INFORMATION

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

### MAILING ADDRESS

Bldg.: \_\_\_\_\_ Street: \_\_\_\_\_ P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ Country: \_\_\_\_\_

### CONTACT INFORMATION

Email: \_\_\_\_\_

Tel.: \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_

### APPLYING TO

Campus:  Beirut campus  Byblos campus

Kindly use one sport only.

Sport:	Basketball (M&W)	Football (M)	Handball (M)	Volleyball (M&W)
	Rugby League (M)	Table Tennis (M&W)	Swimming (M&W)	Futsal (M&W)
	Track&Field (M&W)	MMA (M&W)	Tennis (M&W)	Other:

### HIGH SCHOOLS / UNIVERSITIES / CLUBS ATTENDED

High school name and address: \_\_\_\_\_

University name and address: \_\_\_\_\_

Club name and address: \_\_\_\_\_

### RECOGNITIONS

Kindly attach supporting documents signed by your coach/club along with their contact details.

Awards: \_\_\_\_\_

Prizes: \_\_\_\_\_

Championship results: \_\_\_\_\_

## EXTERNAL ASSISTANCE DECLARATION STATEMENT

- I hereby declare that I am not receiving any external educational financing nor have I applied for educational assistance to any source other than the Lebanese American University. I further commit to declare to the Financial Aid and Scholarships Office any aid that I receive or expect to receive during the year.
- I hereby declare that I am receiving educational assistance from a source outside LAU.  
(Substantiate by submitting relevant documents).

Source:

Amount:

## EDUCATIONAL BENEFITS DECLARATION STATEMENT

- I hereby declare that I am not receiving educational benefits from any source and further commit to declare to the Financial Aid and Scholarships Office any benefits that I receive or expect to receive during the year.
- I hereby declare that I am receiving educational benefits from a source outside LAU.  
(Substantiate by submitting relevant documents).

Source:

Amount:

***Should either of the above statements be incorrect, it is my understanding that all grants given to me by LAU will be stopped, and I will have to refund all monies received so far.***

Student's signature:

Date:

**Once completed, please submit the application for the Financial Aid and Scholarships Office (Beirut or Byblos) by the published deadlines.**

### ***Financial Aid & Scholarships Office Beirut***

finaid.beirut@lau.edu.lb

Tel: +961-1-786456 ext. 1416

Fax: +961-1-786454 ext. 1662

### ***Financial Aid & Scholarships Office Byblos***

finaid.byblos@lau.edu.lb

Tel: +961-9-547254 ext. 2153

Fax: +961-1-791630 ext. 2157

**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.*

