## AMERICAN UNIVERSITY OF BEIRUT

## Application for Educational Allowance For Children of Academic Appointees

## **Please Read**

I hereby wish to request that I be granted Educational Allowance for my child/children in accordance with the Policy on Educational Allowance for Academic appointees at AUB. I hereby declare also that my child/children is/are not receiving any other form of scholarship/allowance.

Payroll No.	Name of Faculty Member	Department
Student Name	Class Admitted to	20 - 20
Student Name	Class Admitted to	20 - 20
Student Name	Class Admitted to	20 - 20
Student Name	Class Admitted to	20 - 20
	Name:	
	Signature:	
	Data	