

**AMERICAN UNIVERSITY OF BEIRUT
HUMAN RESOURCES DEPARTMENT
MEDICAL CENTER**

**STAFF EDUCATIONAL SCHOLARSHIP APPLICATION
FALL SESSION 2009 – 2010**

TO: Human Resources Department – Medical Center

I would like to apply for an educational scholarship at AUB in respect of the following courses offered in Fall Session 2009 – 2010 to which I intend to register.

Name: _____

Payroll Number: _____

Student Number: _____

Department: _____

Course #	Course Name	Day/Time	Credits

I also declare that I fully understand that my request will be subject to consideration and that the submission of this application would not necessarily result in granting me an educational scholarship.

In case my application is approved, I authorize the Comptroller's Office to deduct any amount due to or charged by the University.

Name: _____

Date: _____
(dd/mm/yyyy)

Signature: _____

Center to be charged (filled by Supervisor/Department Head): _____

Signature of Supervisor/Department Head: _____