

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

**STAFF EDUCATIONAL SCHOLARSHIP APPLICATION  
FALL SESSION 2008 – 2009**

**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 2008 – 2009 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:** \_\_\_\_\_