



# The MasterCard Foundation Scholars Program at AUB

## The Program

The MasterCard Foundation Scholars Program is a partnership between the American University of Beirut and The MasterCard Foundation in Canada. The program provides academically promising but financially disadvantaged students an opportunity for quality higher education. It welcomes applications from Lebanese and non-Lebanese young adults living in Lebanon who are sensitive to their communities' concerns, proactive in their environment, and believers in their ability to make a difference. Students enrolled in the Scholars Program receive comprehensive scholarships, mentoring, leadership development, and life skills support as they transition from their schools to AUB and then to the workforce.

## Eligibility Criteria

The MasterCard Foundation Scholars Program at AUB is open to Lebanese and non-Lebanese students residing in Lebanon (in particular Syrian and Palestinian refugees) who fulfill the following criteria:

1. Attend public schools or attend private schools on financial aid scholarships
2. Show good academic standing in the first and second secondary classes
3. Demonstrate high financial need
4. Exhibit an interest in social issues as well as evidence of commitment to the service of the community
5. Score a minimum of 12/20 on the Lebanese Bacca-laureate official exam or its equivalent

Selected students are expected to sit for an English placement exam on a date recommended by the program.

## Checklist of documents to be presented:

Candidates must fill out the application form and present it with the documents listed below in person to the **Office of Admissions at AUB**.

### Additional documents related to the applicant:

1. Copy of identity card or passport
2. Two recent passport size photos
3. **Official and sealed copy** of the first and second secondary classes' school grades with rank and class average
4. Proof of previous scholarship or financial aid if applicable
5. Certified copy of Official Lebanese Bacca-laureate Certificate when available or a certified copy of Syrian certificate with equivalence by MEHE

### Additional documents related to the applicant's family:

1. Family civil status record issued within the previous three months (اخراج قيد عائلي) or (دفتر العائلة) for Syrian applicants
2. Employment records for every working member of the family
3. For each dependent child enrolled at school or university, recent school certificate of registration showing annual tuition fees
4. Car registration form for each car owned
5. Proof of home ownership in Lebanon
6. Proof of land ownership in Lebanon
7. UNHCR registration certificate for Syrian applicants if applicable

**Application Deadline: Friday, March 24, 2017**



## Application for Undergraduate Study at AUB

For the Academic Year 2017–18

**American University of Beirut**

Office of Admissions, College Hall, Beirut, Lebanon

Paste recent colored  
passport-size photograph.  
Do not staple.

1. Full legal name:

Mr./Ms. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last First Middle (or father's name)

In Arabic: \_\_\_\_\_  
[Full name as it appears on passport or identity card]

2. Mother's full maiden name: \_\_\_\_\_  
In English

3. Current home address:

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Building /Floor Street Nearby

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
PO Box (not AUB box) Area/Caza City Country

Telephone (home): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Country code Area code Number

Email address: \_\_\_\_\_ @ \_\_\_\_\_

4. Gender:  Male  Female

5. Date of birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day Month Year

6. Place of birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
City/Village District/Caza Governorate/Mohafaza

7. Country of birth: \_\_\_\_\_

Nationality:  Lebanese  Palestinian  Syrian  Other \_\_\_\_\_  
Check more than one if applicable Specify

8. Applicant living with:  Parents  Relatives  Other \_\_\_\_\_  
Specify

9. Please indicate majors in order of preference:

Holders of the Lebanese Baccaureate or its equivalent (French Baccaureate, International Baccaureate, GCE, etc.) qualify for consideration for admission to the sophomore class at AUB. Admission to the sophomore class for applicants of The MasterCard Foundation Scholars Program is based on standardized school averages for grades 10 and 11. Standardization of school grades takes into consideration class size, rank (if available) and average of applicant compared to class average. Since admission is competitive depending on the major sought, applicants are urged to apply to more than one faculty (up to three faculties) and to more than one major per faculty (up to three majors if available).

Applicants who do not fulfill English requirements for admissions will be placed in either English Intensive courses for one semester or will be registered for the University Preparatory Program for one year.

An applicant may not apply to more than three faculties and up to three majors per faculty, please indicate your order of preference (Major No. 1 is your first choice).

**Choices**

**Code of Faculty**                      **Code of Major**

1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____

Note: Due to program restrictions, the first choice of major might not be always available.

**AUB Program Codes**

<b>Faculty of Agricultural and Food Sciences (FAFS)</b>	
Agribusiness	BS-AGBU
Agriculture	BSA-AGRI
Food Sciences and Management	BS-FSMT
Landscape Architecture	BLA-LDAR
Nutrition and Dietetics	BS-NTDT
<b>Faculty of Arts and Sciences (FAS)</b>	
Applied Math (BA)	BA-APPM
Applied Math (BS)	BS-APPM
Arabic Language and Literature	BA-ARLL
Archaeology	BA-AROL
Art History	BA-AHST
Biology	BS-BIOL
Chemistry	BS-CHEM
Computer Science	BS-CMPS
Economics	BA-ECON
Education/Elementary	BA-EDU-EEDU
English Language	BA-ENGL-LANG
English Literature	BA-ENGL-LITR
Geology	BS-GEOL
History	BA-HIST
Mathematics	BS-MATS
Mathematics	BA-MATA
Media and Communication	BA-MCOM
Petroleum Studies	BS-PTST
Philosophy	BA-PHIL
Physics	BS-PHYS
Political Studies	BA-POLS
Public Administration	BA-PUBA
Psychology	BA-PSYC
Sociology-Anthropology	BA-SOAN
Statistics	BA-STAT
Statistics	BS-STAT
Studio Arts	BA-SART
<b>Suliman S. Olayan School of Business (OSB)</b>	
Business Administration (Concentrations in: Accounting, Business Information, Decision Systems, Entrepreneurship, Finance, Management and Marketing)	BBA-BUADM
<b>Faculty of Engineering and Architecture (FEA)</b>	
Architecture	BAR-ARCH
Graphic Design	BFA-GRPD
Civil Engineering	BEN-ECIV
Construction Engineering	BS-CONS
Computer and Communications Engineering	BEN-ECMP
Electrical and Computer Engineering	BEN-EECE
Industrial Engineering	BEN-INDE
Mechanical Engineering	BEN-EMCH
Chemical Engineering (BS) or	BS-CHME
Chemical Engineering (BEN)	BEN-CHME
<b>Faculty of Health Sciences (FHS)</b>	
Environmental Health	BS-ENVH
Medical Laboratory Sciences	BS-MLSP
Medical Audiology Sciences	BS-MAUD
Medical Imaging Sciences	BS-MIMG
<b>Faculty of Medicine (FM), Hariri School of Nursing</b>	
Bachelor of Science in Nursing	BSN-NURS
RN- Bachelor of Science in Nursing (for applicants with technical nursing background)	RN-BS-NURS

10. List the name(s) of high school or secondary school at which you studied your first, second, and third secondary years:

School Name	School Type (Public/Private/UNRWA)	Location (City/Country)	From (month/year)	To (month/year)	Date of Graduation

Name of government secondary school certificate (for example, Lebanese Baccalaureate Part II) or high school diploma held or expected to be received.

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Name of certificate/diploma in English                      Date received                      Date expected

If Lebanese Baccalaureate Part II, please indicate type of certificate (literature and humanities, sociology and economics, general sciences and life sciences):

\_\_\_\_\_

If Advanced Level GCE, IB, or Advanced Placement, please specify subjects passed (or expected to be passed) and level:

\_\_\_\_\_

If Syrian Baccalaureate Part II, please indicate type of certificate (literature and humanities, scientific):

\_\_\_\_\_

11. If you are not enrolled in a school this year, how are you spending the year?

\_\_\_\_\_

\_\_\_\_\_

12. Please indicate in the space below the SAT test(s) that you have taken or plan to take and date(s):

Test Date	Reading	Mathematical Reasoning	Writing

13. Have you taken the Test of English as a Foreign Language (TOEFL)? If yes, please indicate score and date taken:

\_\_\_\_\_ / \_\_\_\_\_  
 Score                      Month/Year

14. Are you applying to AUB for the academic year 2017-18 through other programs?

- AUB regular admission
  USP-USAID  
 Other, please specify \_\_\_\_\_

15. Have you previously applied to, been accepted, or enrolled at AUB?  Yes  No

If yes:  Applied  Accepted  Enrolled: \_\_\_\_\_ / \_\_\_\_\_  
Academic year ID Number

If accepted and/or enrolled, specify in which major(s): \_\_\_\_\_

16. Have you applied or are you planning to apply to other scholarship programs outside AUB? If yes, please specify.

\_\_\_\_\_  
 \_\_\_\_\_

17. What is your plan for further education or work if you are not selected among the Scholars of The MasterCard Foundation at AUB?

\_\_\_\_\_  
 \_\_\_\_\_

18. Do you have any siblings currently enrolled at AUB or receive funds from AUB? If yes, please name and specify source of tuition funds.

\_\_\_\_\_

19. Health Information:

Do you have any disabilities (physical or learning)? If yes, please describe. This does not affect your eligibility for the program, rather helps us plan better if you are accepted.

\_\_\_\_\_  
 \_\_\_\_\_

20. List current and previous full-time or part-time jobs:

Job Title/Position	Hours per week	Role	Months in a year	Number of years
1.				
2.				
3.				

21. Have you been involved in any extracurricular activities (e.g. sports, music, arts ...) and/or volunteer work over the last three years? If yes, please describe the type of activity you were engaged in.

Activity	Hours per week	Role	Months in a year	Number of years

22. Are you actively engaged in any local group in your community? (scouts, non-governmental organization, youth group, political youth group etc.)  Yes  No

If your answer is YES, briefly explain what type of group you are involved in, your role in the group, and what activities you have carried out.

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23. Have you participated and/or organized any project that served your community?  Yes  No

If your answer is YES, briefly explain the project and how it served the community.

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24. How did you know about The MasterCard Foundation Scholars Program at AUB?

- Ministry of Social Affairs
- NGO, please specify \_\_\_\_\_
- AUB Website
- Other, please specify \_\_\_\_\_
- Current or previous MCF scholars

25. Essay Question: Answer the following question on a separate piece of paper and attach to the application form. Please have your essay typed or written in a neat and clear handwriting and limit your essay to 300 words.

Explain how your choice of major relates to your personal and professional goals.

Consider explaining:

- What is your first choice of major?
- Why are you passionate about it?
- How do you see yourself using this degree in your future?
- How will it help you achieve your future goals and aspirations?
- How do you imagine your selection of majors will contribute to the development of your country?



26. Information on Father:

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Last name First name Middle name (or father's name)

Date of birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Day Month Year

- 1) What is the highest educational level attained by your father?
- No Formal Education       Elementary       Intermediate  
 Technical       Secondary       University

- 2) Marital Status:
- Married     Separated     Divorced     Widowed     Deceased, year of death \_\_\_\_\_  
 (Move to part 6)

- 3) Current Work Status:  Employed       Self-employed       Unemployed

If employed, starting date of current employment: \_\_\_\_\_

Job title/position: \_\_\_\_\_

Institution/employer's name: \_\_\_\_\_

Employer's address:

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Building /Floor Street Area/Caza

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 PO Box (not AUB box) City Country Telephone Number

- 4) Does your father have a second job?  Yes     No

If yes, starting date of current employment: \_\_\_\_\_

Does he work at this second job:  Full-time    or     Part-time

Job title/position: \_\_\_\_\_

Institution/employer's name: \_\_\_\_\_

- 5) If currently not working: Last date of employment: \_\_\_\_\_ / \_\_\_\_\_  
 Month Year

Reason for unemployment: \_\_\_\_\_

- Retired  
 Indemnity received (in LL), if any: \_\_\_\_\_ Date received: \_\_\_\_\_

- 6) Information on previous employment:

Title/Position	Place of work and address	Period of work (state dates)	Previous annual income in L.L.	Indemnity received (if any) in L.L.
_____ / _____	_____ / _____	_____ / _____	_____ / _____	_____ / _____
_____ / _____	_____ / _____	_____ / _____	_____ / _____	_____ / _____
_____ / _____	_____ / _____	_____ / _____	_____ / _____	_____ / _____

27. Information on Mother:

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last name First name Middle name (or father's name)

Date of birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day Month Year

- 1) What is the highest educational level attained by your mother?
- No Formal Education       Elementary       Intermediate  
 Technical       Secondary       University

- 2) Marital Status:
- Married    Separated    Divorced    Widowed    Deceased, year of death \_\_\_\_\_  
(Move to part 6)

- 3) Current Work Status:  Employed       Self-employed       Unemployed

If employed starting date of current employment: \_\_\_\_\_

Job title/position: \_\_\_\_\_

Institution/employer's name: \_\_\_\_\_

Employer's address:

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Building /Floor Street Area/Caza

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
PO Box (not AUB box) City Country Telephone Number

- 4) Does your mother have a second job?  Yes    No

If yes, starting date of current employment: \_\_\_\_\_

Does she work at this second job:  Full-time   or    Part-time

Job title/position: \_\_\_\_\_

Institution/employer's name: \_\_\_\_\_

- 5) If currently not working: last date of employment \_\_\_\_\_ / \_\_\_\_\_  
Month Year

Reason for unemployment \_\_\_\_\_

Retired

Indemnity received (in LL), if any: \_\_\_\_\_ Date received: \_\_\_\_\_

- 6) Information on previous employment:

Title/Position	Place of work and address	Period of work (state dates)	Previous annual income in L.L.	Indemnity received (if any) in L.L.
_____ / _____	_____ / _____	_____ / _____	_____ / _____	_____ / _____
_____ / _____	_____ / _____	_____ / _____	_____ / _____	_____ / _____
_____ / _____	_____ / _____	_____ / _____	_____ / _____	_____ / _____

28. Siblings Information (do not include yourself in this section):

**Siblings at school/university**

First Name	Birth year	Education/class (current year)	Name of school/ university	Annual tuition fees (LL)	Financial aid received (amount (LL) / source)

**Other siblings** (include all brothers and sisters even those who are not living with the family)

First Name	Birth year	Married/ Single	Education if any (state university, degree and graduation date)	Working (state occupation, starting date, institution name and place)	Annual income (LL)	Not working (state reason and future plans)

**Dependents** Include only dependents living with the family other than siblings. (e.g., grandparents, uncles...)

Full name	Birth year	Relation to applicant	Describe current status and future plans if any

29. Financial Information:

**Family annual income:** The source of income of the family must be specified even if parents are unemployed. If the income is not reported then the application will be considered incomplete.

Any income other than salaries, for example, income from shops, lands, etc...must be supported with documents.

<b>Annual Income Form</b>	<b>Year 2016 (in LL)</b>	<b>Year 2017 (in LL)</b>
Father's salary (do not enter retirement salary here, please fill below where appropriate)	_____	_____
Mother's salary (do not enter retirement salary here, please fill below where appropriate)	_____	_____
Siblings' salary	_____	_____
Other annual benefits from employers (bonus, additional months payable, etc...)	_____	_____
Annual retirement salary, if retired	_____	_____
All annual income from land/buildings/shop, explain*	_____	_____
Rent of assets, explain*	_____	_____
Land, explain*	_____	_____
All annual income from other sources	_____	_____
Help from family, explain*	_____	_____
Help from institution, explain*	_____	_____
Other, explain*	_____	_____
<b>Total annual income</b>	_____	_____

\*For explanation, use separate sheets of paper

**Assets** Cash savings or securities: (LL) \_\_\_\_\_ Annual interest (LL) \_\_\_\_\_

<b>Owned Properties</b>	<b>Location</b>	<b>Real estate lot number</b>	<b>Number of shares</b>	<b>Year purchased/ inherited</b>	<b>Area (Sq.m.)</b>	<b>Check if mortgaged*</b>	<b>Estimated present value (LL) if not mortgaged</b>
Business	_____	_____	_____	_____	_____	<input type="checkbox"/>	_____
Home(s)	_____	_____	_____	_____	_____	<input type="checkbox"/>	_____
Buildings number of floors	_____	_____	_____	_____	_____	<input type="checkbox"/>	_____
Land number of lots	_____	_____	_____	_____	_____	<input type="checkbox"/>	_____

<b>Family cars</b> including the applicant's	<b>Owner</b>	<b>Make</b>	<b>Model/year</b>	<b>Year bought</b>	<b>Present value (LL)</b>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

<b>Total estimated value of all assets</b>	<b>Year 2016 (in LL)</b>	<b>Year 2017 (in LL)</b>
	_____	_____

\*Submit official mortgage documents if applicable

**Family Annual Expenses (LL)**

**Amount (LL) for the year 2017**

Rent \_\_\_\_\_

Food and clothing \_\_\_\_\_

Tuitions, including the applicant's \_\_\_\_\_

Transportation \_\_\_\_\_

Books and supplies \_\_\_\_\_

Expenses for household help (e.g. housekeeper, other workers) \_\_\_\_\_

Car(s) expenses, include fuel, mechanic, car insurance \_\_\_\_\_

Medical insurance \_\_\_\_\_

Life insurance \_\_\_\_\_

Electricity bills \_\_\_\_\_

Water bills \_\_\_\_\_

Telephone bills, include all cell phones \_\_\_\_\_

Maintenance, building/ apartment \_\_\_\_\_

Municipality \_\_\_\_\_

Other expenses: if any specify \_\_\_\_\_

Unusual expenses, must be supported with detailed and certified documents

**Loan** (the amount should reflect the actual payments for one year only)

**Amount (LL)**

Housing loan \_\_\_\_\_

Car loan \_\_\_\_\_

Medical \_\_\_\_\_

Other household dependents \_\_\_\_\_

**Total annual expenses** \_\_\_\_\_

Details on loans, if any:

Total amount borrowed	Installments		Date		Loan source	Reason	Collateral
	Number	Amount	Start	End			

Do you or your family have any financial resources that have not been mentioned above?  
If yes, please describe in detail:

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If there are any special family circumstances that will describe your situation more accurately, please explain in the space below and **submit supporting documents.**

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Before final selection, shortlisted applicants will be visited in their homes by representatives of The MasterCard Foundation Scholars Program at AUB. The purpose of the visits is to meet the applicant’s family and to exchange information about the program.

I certify that the answers to the foregoing questions and statements on the previous pages were completed by me and are, to the best of my knowledge and belief, true, complete and correct.

(I understand that any misrepresentations or material omission made on this form may invalidate this application. I also authorize investigation of all statements contained herein).

Further, I understand that this information and my university records may be reported to The MasterCard Foundation Scholars Program and used for evaluation and other program purposes. All information will be kept in strict confidence and will not be released in any way that would permit individual identification. I authorize release and use of this information, as described above, to The MasterCard Foundation Scholars Program.

Your signature and that of your parent/guardian below signifies agreement to the above terms.

Date: \_\_\_\_\_ Signature of parent or guardian: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of applicant: \_\_\_\_\_



# Employee Income Statement

## American University of Beirut

**Form A** should be completed by the employer for every earning member of the family and for each position held. Photocopy this form as needed.

Name of applicant to the program: \_\_\_\_\_

Answer all questions carefully and completely.

Name of employee: \_\_\_\_\_ Position/title: \_\_\_\_\_

	Amount LL (if none, enter '0')
Basic annual salary	_____
Family annual allowance	_____
Annual transportation	_____
Annual accommodation	_____
Annual profit sharing amount from employer	_____
Annual bonus	_____
Annual commission	_____
Any other annual benefit, specify	_____
Educational benefit (each child separately including child name)	
1.	_____
2.	_____
3.	_____
4.	_____
5.	_____

Number of months payable: \_\_\_\_\_ Years of service: \_\_\_\_\_

### To be completed by employer

Employer's name, title, and seal: \_\_\_\_\_

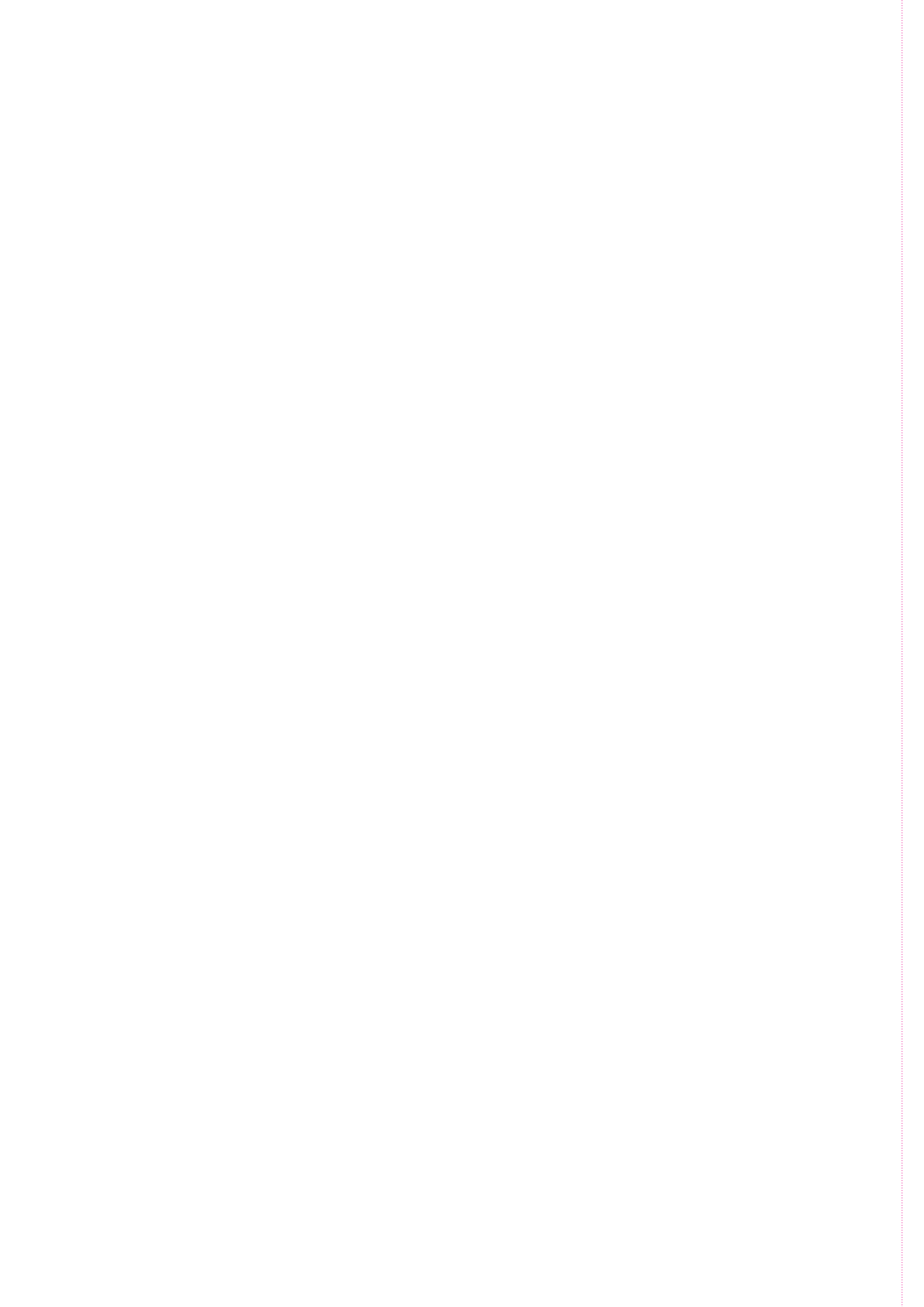
Name of institution: \_\_\_\_\_

Telephone: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Email: \_\_\_\_\_ @ \_\_\_\_\_  
Country code      Area code      Number

Type of institution, nature of work: \_\_\_\_\_

I certify that the amounts and information above are accurate and have been verified by me.

Employer's signature: \_\_\_\_\_ Date: \_\_\_\_\_







## Employee Income Statement

### American University of Beirut

**FORM B** should be completed below and submitted with the business registration (سجل تجاري) and income tax statements (ضريبة دخل). It should be completed for each self-employed member of the family. Photocopy this form as needed.

Name of applicant to the program: \_\_\_\_\_

Answer all questions carefully and completely. Any missing information will jeopardize processing your application.

Name of self-employed family member: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Sole owner  Partner: Number of Partners: \_\_\_\_\_ Percent of Share: \_\_\_\_\_

Freelance  Other \_\_\_\_\_  
Specify

Name of institution, if applicable: \_\_\_\_\_

Registration number: \_\_\_\_\_ Date: \_\_\_\_\_

Nature of company's/owner's work/business, in detail:

\_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Building / Floor Street Area

\_\_\_\_\_ / \_\_\_\_\_  
City Country

Telephone: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Email: \_\_\_\_\_ @ \_\_\_\_\_  
Country code Area code Number

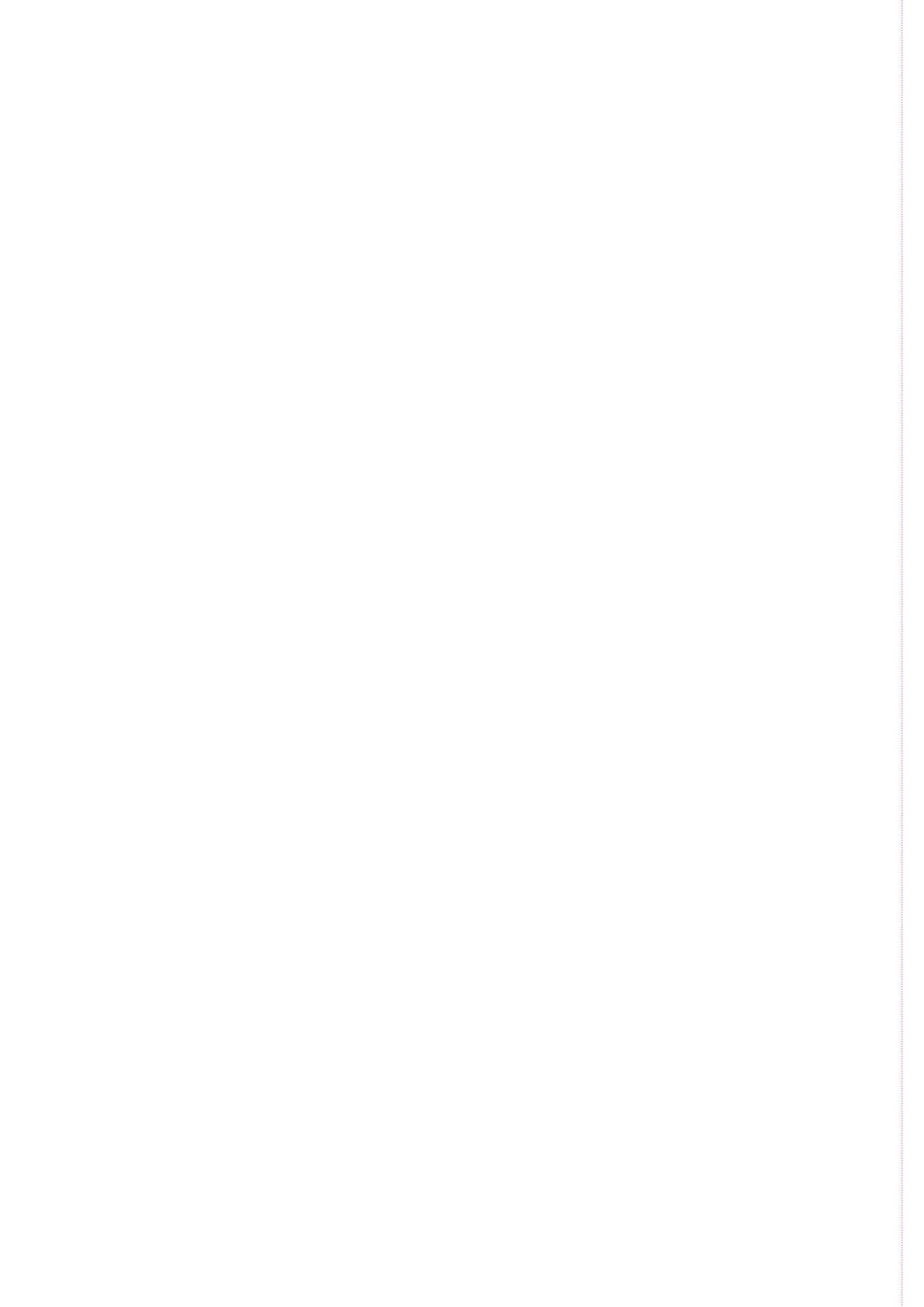
Number of employees/workers: \_\_\_\_\_

Annual gross income LL: \_\_\_\_\_  
(The gross income is the total revenue of the institution)

Annual net income LL: \_\_\_\_\_  
(The net income is the total personal income of the self-employed family member and partners, if any, after deduction of all institution's expenses.)

Name and seal: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_





**The MasterCard Foundation Scholars Program**

**American University of Beirut**

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