

## SHS Financial Aid Application Form

Photo

Family name: \_\_\_\_\_ SHS ID No: \_\_\_\_\_

Referred by: \_\_\_\_\_

Complete all sections. If any section is not applicable to you, write “N/A” (“Not Applicable”).

**Permanent Address:**  Tenant  Owner

Mohafaza: \_\_\_\_\_ Caza: \_\_\_\_\_ Register No: \_\_\_\_\_

Region: \_\_\_\_\_ Street: \_\_\_\_\_ Building: \_\_\_\_\_ Floor: \_\_\_\_\_

### **Personal Information**

	<b>Father</b>	<b>Mother</b>
<b>First name</b>		<b>Maiden name:</b>
<b>Date of birth</b>		
<b>Nationality</b>		
<b>Second nationality</b>		
<b>Rite</b>		
<b>Religion</b>		
<b>Civil status</b>	<input type="checkbox"/> Married <input type="checkbox"/> Remarried <input type="checkbox"/> Widower <input type="checkbox"/> Separated <input type="checkbox"/> Legal guardian	<input type="checkbox"/> Married <input type="checkbox"/> Remarried <input type="checkbox"/> Widow <input type="checkbox"/> Separated <input type="checkbox"/> Legal guardian
<b>Family status</b>	<input type="checkbox"/> Deceased Year of death: Cause of death :	<input type="checkbox"/> Deceased Year of death: Cause of death:
<b>Profession</b>		
<b>Monthly income</b>		
<b>Work schedule</b>		
<b>Work address</b>		
<b>Telephone No (s)</b> Home: Work: Cell:		
<b>Level of education</b>	<input type="checkbox"/> High school <input type="checkbox"/> Technical <input type="checkbox"/> University <input type="checkbox"/> Other, specify:	<input type="checkbox"/> High school <input type="checkbox"/> Technical <input type="checkbox"/> University <input type="checkbox"/> Other, specify:
<b>Health condition</b>	<input type="checkbox"/> Healthy <input type="checkbox"/> Sick	<input type="checkbox"/> Healthy <input type="checkbox"/> Sick

**Information about children studying at SHS**

	First name	Gender	Date of Birth D/M/Y	Health condition	Grade	Academic level	Tuition fees	Year enrolled at SHS	Previous school (s)
1				<input type="checkbox"/> Healthy <input type="checkbox"/> Sick					
2				<input type="checkbox"/> Healthy <input type="checkbox"/> Sick					
3				<input type="checkbox"/> Healthy <input type="checkbox"/> Sick					
4				<input type="checkbox"/> Healthy <input type="checkbox"/> Sick					

**Information about other children**

	First name	Gender	Date of Birth D/M/Y	Civil status	Health condition	School or university enrolled at	Grade / year	Profession	Tuition / salary	Monthly participation if applicable
1					<input type="checkbox"/> Healthy <input type="checkbox"/> Sick					
2					<input type="checkbox"/> Healthy <input type="checkbox"/> Sick					
3					<input type="checkbox"/> Healthy <input type="checkbox"/> Sick					
4					<input type="checkbox"/> Healthy <input type="checkbox"/> Sick					
5					<input type="checkbox"/> Healthy <input type="checkbox"/> Sick					

**People dependent on the family:**

	Last name and first name	Family relationship	Civil status	Health condition	Profession	Monthly salary
1				<input type="checkbox"/> Healthy <input type="checkbox"/> Sick		
2				<input type="checkbox"/> Healthy <input type="checkbox"/> Sick		
3				<input type="checkbox"/> Healthy <input type="checkbox"/> Sick		

**Properties of the family:**

**Car (s)** number (s) \_\_\_\_\_ type: \_\_\_\_\_ Model: \_\_\_\_\_  
type: \_\_\_\_\_ Model: \_\_\_\_\_  
type: \_\_\_\_\_ Model: \_\_\_\_\_

**Shop (s)** number (s) \_\_\_\_\_ Kind: \_\_\_\_\_ Region: \_\_\_\_\_  
Kind: \_\_\_\_\_ Region: \_\_\_\_\_  
Kind: \_\_\_\_\_ Region: \_\_\_\_\_

**Real estate (s)** number (s) \_\_\_\_\_ Surface: \_\_\_\_\_ Region: \_\_\_\_\_  
Surface: \_\_\_\_\_ Region: \_\_\_\_\_  
Surface: \_\_\_\_\_ Region: \_\_\_\_\_

**Apartment (s)** number (s) \_\_\_\_\_ Surface: \_\_\_\_\_ Region: \_\_\_\_\_  
Surface: \_\_\_\_\_ Region: \_\_\_\_\_  
Surface: \_\_\_\_\_ Region: \_\_\_\_\_

**Building (s)** number (s) \_\_\_\_\_ No of floors: \_\_\_\_\_ Region: \_\_\_\_\_  
No of floors: \_\_\_\_\_ Region: \_\_\_\_\_  
No of floors: \_\_\_\_\_ Region: \_\_\_\_\_

**Loans:**

**Loan (s)** number (s) \_\_\_\_\_ 1<sup>st</sup> loan duration: \_\_\_\_\_ Reason: \_\_\_\_\_  
2<sup>nd</sup> loan duration: \_\_\_\_\_ Reason: \_\_\_\_\_  
3<sup>rd</sup> loan duration: \_\_\_\_\_ Reason: \_\_\_\_\_

**Means of transportation:**     School bus     With parents  
 Private bus     Other specify: \_\_\_\_\_

**Financial status of the family:**

<b>Earnings</b>	<b>Expenses</b>
Incomes and participations of all working members:	Accommodation fees:
Income from properties:	Rentals:
Aids from parents and/ or from family living abroad:	Health expenses:
Other aids:	Other expenses (water, electricity, telephone, cell, etc bills):
Social aids:	Tuition fees:
	Total of loans paid per month:
Total:	Total:

**Social coverage**

- Social security
- Army contribution
- Insurance, if yes specify: \_\_\_\_\_
- Other official contribution(s), if yes specify: \_\_\_\_\_

**Information about other scholarships and school aids:**

Have you requested any scholarship or any external assistance for this academic year?  Yes  No

Student's Name	School / University enrolled at	Grade / Year	Name of association providing financial aids	Reference	Effective amounts	School or University assistance

**Reasons for requesting financial aid from SHS:**

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**Request for financial aid / scholarship:**

I declare that the information provided is true, complete and correct. I assume full responsibility for my statements, and I accept the visit of the school's social assistant to my house. I understand that if I make a false declaration or fail to disclose all information material to my Financial Aid Application Form, it may result in the cancelation of my request.

أنا الموقع أدناه، أفيد بان ما ذكرته، اجابة عن أسئلة الاستمارة، صحيح وكامل ، وأعلن موافقتي المسبقة على زيارة تقوم بها المرشدة الاجتماعية في المدرسة الى منزلنا، مع كامل علمي بأن كل اجابة كاذبة أو غير دقيقة تعرض طلبي هذا للإلغاء.

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

**Required Documents:**

- Recent photo of the student.
- Copy of the family civil status.
- Medical report in case of sickness
- Latest landline phone, mobile, electricity, water, etc, bills
- Salary Attestation of each working member in the family that benefits or not from any financial aid, in original form signed by the employer.

**A brief overview of the family history:**

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**Deductions of the two previous years:**

Year: \_\_\_\_\_ Deduction: \_\_\_\_\_

Year: \_\_\_\_\_ Deduction: \_\_\_\_\_

**Tuition fees of the current academic year:** \_\_\_\_\_

**Suggestion of the Financial Aid Officer:**

Deduction %: \_\_\_\_\_ Sum: \_\_\_\_\_ Date: \_\_\_\_\_

Installment period: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of the Financial Aid Officer: \_\_\_\_\_

**Decision of the Rector:**

Deduction %: \_\_\_\_\_ Sum: \_\_\_\_\_ Date: \_\_\_\_\_

Installment period: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of the Rector: \_\_\_\_\_



