



AMERICAN
UNIVERSITY
OF BEIRUT

Office of
Financial Aid

FORM A

EMPLOYEE INCOME STATEMENT

FORM A

Should be completed by the employer of every employed member of the family and **for each position held**. Photocopy this form as needed.

Full Name of applicant for financial aid: _____

AUB ID Number of applicant for financial aid: _____

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

1. Name of Employee: _____ **Position and Title:** _____

*Amount in **USD**, if none, enter '0' - Use **USD exchange rate** mentioned in application.

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. _____

2. Number of Months Payable: _____ **Years of Service:** _____

3. Employer's Name: _____ Title: _____

4. Name of Institution: _____

Work Telephone: _____ / _____ / _____ Email Address: _____
Country Code Area Code Number

5. NSSF Registration Number of the Institution: _____

6. Type of Institution, Nature of Work: _____

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

Date Employer's Signature Seal