Financial Aid Application For the Year 2020 -21

This application covers the following sections:

Instructions

Section A: Student Information

Section B: Family Members' Information

Section C: Educational Information

Section D: Household Income and Sources

Copy of your B-Form/FRC (Family Registration Form)

Any other document(s). Please specify:

Section E: Assets Owned

Section F: Household Expenses

Section G: Expected Contribution

Section H: Additional Explanations

Section I: Undertaking

Answer all questions.

If a question does not apply to you please do not leave the answer field blank, instead write N/A for those questions.

Please enter currency amounts in PKR. If you are entering figures after conversion from a foreign currency, use the official exchange rate at the time of application.

Submit this form in hard copy along with all supporting documents to the Office of Student Finance before the deadline. The application will not be entertained after the deadline.

All financial information and documents submitted to the Office of Student Finance will be treated as confidential.

Please note that submission of a financial aid application does not guarantee an award of financial aid by Habib University. Habib University will grant awards according to demonstrated need, subject to verification of information provided and as per University policies.

The University reserves the right to verify applicant's information from a recognized source or a third party and/or request additional documents or explanation of information or circumstances.

Failure to provide complete or correct information or concealment of information will result in withdrawal or denial of financial aid. The University reserves the right to take strict disciplinary action against such applicants or students.

Checklist of Financial Aid Application Documents

Note: Submission of all the documents listed below is mandatory, unless any particular document is not applicable. Please write "N/A" where the required document does not apply. Please tick on all the relevant boxes against which the documents are provided along with this form. Please attach all documents as per the sequence in this checklist. Salary slips or certificates of all employed family members for the last month, If unemployed attach related documents; Bank statements of self and all employed family members for all active accounts, dating January 2019 through the application date (if Documentary evidence of all assets or property owned, including saving certificates, bonds, shares, investments (if applicable); Copy of scholarship(s) or funding offers received for self and family members for the relevant year and/or future scholarship or funding offer letters (if applicable); Tax Return statements of all employed family members for year 2017-18 or 2018-19 (if applicable); Copy of rent agreement(s) (if applicable); Copies of last tuition fee receipts of self and all family members attending educational institutes; Copy of all current month's household utility bills - electricity, gas, telephone and water; Copies of the last 6 months' medical bills and expense receipts (if applicable); Copies of CNIC of parents, guardians, other employed family member(s); Copy of your CNIC

Office of Student Finance, Habib University, Block 18, Gulistan-e-Jauhar, University Avenue, Off Sharah-e-Faisal Karachi. Page 1 of 5

Section A: Student Information					
1. Full Name:	2. Application ID/Student ID: 3. E	E-mail ID:			
4. Phone Number:	5. Marital Status: Single	Married Other			
6. Citizenship Status: Single Dual	7. Your CNIC/B-Form #				
8. Citizenship	9. Are you currently employed? — If yes, provide employment details in So	ection B Yes No			
Section B: Family Members' Info	rmation				
Total number of family members :	2. Number of employed fa	amily members :			
3. Number of family members not employed:	yed: 4. Number of family members going to school/college/university:				
5. Parents' current marital status: Married	Separated/Divorced Mother living/Father de	eceased Father living/Mother deceased			
Other Curren	nt Address:				
Parents' / Guardians' Information					
1. Father/ Guardian (Name):	2. National Identity Card #	<i>t</i> :			
3. Email address:	4. Education:				
5. Country(ies) of citizenship:	6. Phone #:				
1. Mother/ Guardian (Name):	2. National Identity Card #	# :			
3. Email address:	4. Education:				
5. Country(ies) of citizenship:	6. Phone #:				
Work-related Information of Gua	rdian(s) & Other Family Member(s	5)			
Work-related Information of Gua	rdian(s) & Other Family Member(s				
	2. Relationship with a				
1. Father/ Guardian	2. Relationship with a				
Father/ Guardian Type of work (select whichever apply, and provide det	2. Relationship with a tails for each):	pplicant Monthly salary			
Type of work (select whichever apply, and provide det Employed: Designation	2. Relationship with a tails for each): Employer name & address	pplicant Monthly salary			
Type of work (select whichever apply, and provide det Employed: Designation Business Owner/Partner: Sole propietor	2. Relationship with a sails for each): Employer name & address Corporation Partnership Addres	pplicant Monthly salarys			
1. Father/ Guardian 3. Type of work (select whichever apply, and provide det Employed: Designation Business Owner/Partner: Sole propietor Name of Business	2. Relationship with a stails for each): Employer name & address Corporation Partnership Address Nature of Business	Monthly salary S Gross monthly income			
1. Father/ Guardian 3. Type of work (select whichever apply, and provide det Employed: Designation Business Owner/Partner: Sole propietor Name of Business Retirement date	2. Relationship with a stails for each): Employer name & address Corporation Partnership Address Nature of Business Organization name	Monthly salary S Gross monthly income Last drawn salary			
1. Father/ Guardian 3. Type of work (select whichever apply, and provide det Employed: Designation Business Owner/Partner: Sole propietor Name of Business Retirement date	2. Relationship with a stails for each): Employer name & address Corporation Partnership Address Nature of Business Organization name	Monthly salary S Gross monthly income Last drawn salary Last drawn salary			
1. Father/ Guardian 3. Type of work (select whichever apply, and provide det Employed: Designation Business Owner/Partner: Sole propietor Name of Business Retired: Retirement date Unemployed Unemployed since:	2. Relationship with a stails for each): Employer name & address Corporation Partnership Address Nature of Business Organization name Last Organization name 2. Relationship with a	Monthly salary S Gross monthly income Last drawn salary Last drawn salary			
1. Father/ Guardian 3. Type of work (select whichever apply, and provide det Employed: Designation Business Owner/Partner: Sole propietor Name of Business Retirement date Unemployed Unemployed since: 1. Mother/ Guardian	2. Relationship with a stails for each): Employer name & address Corporation Partnership Address Nature of Business Organization name Last Organization name 2. Relationship with a	Monthly salary S Gross monthly income Last drawn salary Last drawn salary			
1. Father/ Guardian 3. Type of work (select whichever apply, and provide det Employed: Designation Business Owner/Partner: Sole propietor Name of Business Retirement date Unemployed Unemployed since: 1. Mother/ Guardian 3. Type of work (select whichever apply, and provide det	2. Relationship with a stails for each): Employer name & address Corporation Partnership Address Organization name Last Organization name 2. Relationship with a stails for each):	Monthly salary S Gross monthly income Last drawn salary Last drawn salary pplicant Monthly salary			
1. Father/ Guardian 3. Type of work (select whichever apply, and provide det Employed: Designation Business Owner/Partner: Sole propietor Name of Business Retirement date Unemployed Unemployed since: 1. Mother/ Guardian 3. Type of work (select whichever apply, and provide det Employed: Designation	2. Relationship with a stails for each): Employer name & address Corporation Partnership Address Organization name Last Organization name 2. Relationship with a stails for each): Employer name & address	Monthly salary S Gross monthly income Last drawn salary Last drawn salary pplicant Monthly salary			
1. Father/ Guardian 3. Type of work (select whichever apply, and provide det Employed: Designation Business Owner/Partner: Sole propietor Name of Business Retirement date Unemployed Unemployed since: 1. Mother/ Guardian 3. Type of work (select whichever apply, and provide det Employed: Designation Business Owner/Partner: Sole proprietor	2. Relationship with a stails for each): Employer name & address Corporation Partnership Address Organization name Last Organization name 2. Relationship with a stails for each): Employer name & address Corporation Partnership Address	Monthly salary S Gross monthly income Last drawn salary Last drawn salary Monthly salary Monthly salary			

Other Family members*			2. Relation	ship with ap	plicant _		
3. Type of work (select whichever ap	oply, and provide deta	ils for each) :					
Employed: Designation		Employer name & add	dress			Monthly salary	·
Business Owner/Partner:	Sole proprietor	Corporation	Partnership	Address			
Name of Business		Nature of Business Gross monthly inc			nthly income		
Retired: Retirement	date	Organizati	on name		Las	t drawn salary	
Unemployed Unemployed sind	ce:	Last Organization	name			Last drawn salary	
* Brother / Sister					_		
Section C: Education	nal Informatio	on of Siblings	(Current Ac	ademic	: Year)		
1. Family member name 2. Rel	ationship with you	3. Name and addres school/tutoring cen		~	Education ar/grade	5. Scholarship/ funding received amount/year	6. Total tuition fee/year (without Scholarship)
] [] [] [
Parents Scholarships		for your education:	Self	Of	ther source		
Section D: Income ar	nd Source Int	formation for	Current Year				
Name of family member/ Relationship	2. Annual income/ pension (gross sa + bonus + allowan	lary deductions of	ral income (<i>After</i> tax, provident fund, ayment, other)	investmen		y/farm/ repayme	rce of income (e.g. ent, interest, rent,
] [
		Total (3):		Total (4)):		Total family ncome (3+4)
Savings/emergency fund amount:		Intended	purpose:				

Section E: Assets Owned				
Asset type (Immovable Asset)	Total area (square feet) Address			rket Value (PKR) nt Owned by Parents/Guardian
1. Residential house				
2. Other land or building				
Asset type (Liquid/Movable Asset)	Description of Asset			
3. Saving certificates/shares				
4. Other assets/investment				
5. Jewelry (gold/silver)				
6. Cash				
7. Tradable assets/inventory				
Current residence type Rented	Owned Provided by	Employer Residence type:	Apartment (Townhouse Bungalow
Vehicle type	Make/Model	Number/Quantity		flarket Value (PKR) at Owned by Parents/Guardian
1. Car				
2. Motorcycle				
Other				
		Total Asset Value Applicant		Parents/Guardian
Section F: Household Ex	cpenses (Monthly)			
Expense category	PKR / month	Expense category		PKR / month
1. House rent (if applicable)		2. Total household help	o salary	
3. Food		4. Utilities		
5. Travel/fuel		6. Loan repayment		
7. Medical (average)		8. Educational expense	es	
9. Other		Tota	al monthly expenses	
How many persons does your family emp				
Section G: Expected Ani	nual Fee Contribu	tion ————————————————————————————————————		
Contribution Sources:				Amount in PKR
1. Funding available from parents/guard	dian/student			
2. Funding from other sources for the ye	ear (donations, gifts, etc.)			
		Total yearly contribu paid by parent/guard		

Section H: Additional Explanations	
Enter here any additional explanation or information about special circumstances that you would covered in the sections above. Please provide documentary evidence supporting entered information	
Section I: Undertaking	
Read all the statements given below, tick all boxes and enter relevant names, signatures and dates. If y will not be accepted.	you do not tick and sign below, the application
We declare that the information on this form is true, correct, and complete. We understand that p documents will lead to withdrawal or denial of financial aid and strict disciplinary action, subject to or applicable country laws.	
We understand that submitting a financial aid application does not guarantee financial aid, nor do towards Habib University's education costs.	pes it absolve us of any financial responsibility
Habib University has our permission to verify information provided in this financial aid application by other sources.	obtaining documentation as needed or through
Name & signature of Father/Guardian:	Date:
Name & signature of Mother/Guardian:	Date:
Name & signature of Applicant:	Date: