

Financial Aid Application For the Year 2017 -18

This application covers the following sections:

- Section A: Student Information
- Section B: Family Members' Information
- Section C: Educational Information
- Section D: Household Income and Sources
- Section E: Assets Owned
- Section F: Household Expenses
- Section G: Expected Contribution
- Section H: Additional Explanations
- Section I: Undertaking

Instructions

Answer all questions.

If a question does not apply to you please do not leave the answer field blank. In case of numeric field, enter the number (0) If a question does not apply in a text field, please enter "NA".

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 supporting documents to Office of Scholarship & Financial Aid before the dead line.

All financial information and documents submitted to the Office of Scholarship & Financial Aid 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 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

- Salary slips or certificates of all employed family members for the last three months, attested by the applicable company/organization;
- If unemployed attach related documents
- Bank statements of self and all employed family members for all active accounts, dating January 2016 through the application date;
- Documentary evidence of all assets or property owned, including saving certificates, bonds, shares, investments;
- Copy of scholarship(s) or funding offers received for self and family members for 2016-17 and/or future scholarship or funding offer letters;
- Attested copies of Tax Return statements of all employed family members for year 2014-15;
- Attested copy of rent agreement(s), for rent paid or (if applicable);
- Attested copies of last tuition fee receipts of all family members attending educational institutes in year 2016-17;
- Copy of current month's household utility bills - electricity, gas, telephone, 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/B-Form;
- Any other document(s). Please specify:

Section A: Student Information

1. Full Name: _____ 2. Application ID/Student ID: _____

3. Phone Number: _____ 4. Marital Status: Single Married Other _____

5. Citizenship Status: Single Dual 6. Are you currently employed?
If yes, provide employment details in Section B Yes No

6. Your CNIC/B form # _____

Section B: Family Members' Information

1. Total number of family members : _____ 2. Number of employed family members : _____

3. Number of family members not employed: _____ 4. Number of family members going to school/college/university: _____

5. Parents' current marital status: Married Separated/Divorced Mother living/Father deceased Father living/Mother deceased

Other: _____

Parents' / Guardians' Information

1. Father/ Guardian (Name): _____ 2. National Identity Card # : _____

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 Guardians & Other Family Members

1. Father/ Guardian _____ 2. Relationship with applicant _____

3. Type of work (select whichever apply, and provide details for each) :

Employed: Designation _____ Employer name _____ Employers address _____

Business Owner/Partner: Sole proprietor Corporation Partnership Address _____

Retired: Organization name _____ Retirement date _____ Last drawn salary _____

Unemployed Unemployed since: _____

1. Mother/ Guardian _____ 2. Relationship with applicant _____

3. Type of work (select whichever apply, and provide details for each) :

Employed: Designation _____ Employer name _____ Employer's address _____

Business Owner/Partner: Sole proprietor Corporation Partnership Address _____

Retired: Organization name _____ Retirement date _____ Last drawn salary _____

Unemployed Unemployed since: _____

1. Other Family members* _____ 2. Relationship with applicant _____

3. Type of work (select whichever apply, and provide details for each) :

Employed: Designation _____ Employer name _____ Employer's address _____

Business Owner/Partner: Sole proprietor Corporation Partnership Address _____

Retired: Organization name _____ Retirement date _____ Last drawn salary _____

Unemployed Unemployed since: _____

* Brother / Sister

Section C: Educational Information of Siblings (2016-17)

1. Family member name	2. Relationship with you	3. Name and address of university/college/school/tutoring centre	4. Education year/grade	5. Scholarship/funding received amount/year	6. Total tuition fee/year (without Scholarship)

Please state an estimate for your education cost for year 206-17. If you are not currently enrolled at an education institute, then provide the cost of your last education year: _____

Total cost of family education:

Identify the percentage of fee contributed by the following for your education:

Parents _____ Scholarships _____ Other family member _____ Other source _____

Section D: Income and Source Information for Year 2016-17

1. Name of family member	2. Annual pension/income (gross salary + bonus + allowances)	3. Net annual income (deductions of tax, provident fund, loan repayment, other)	4. Annual net income from investments (property/farm/rent/shares/securities)	5. Other income (explain: e.g. repayment, interest)

Savings/emergency fund amount: _____ Intended purpose: _____

Total family income:

Section E: Assets Owned

Asset type	Total area (square feet)	Address	Owned by Applicant / Parents / Guardian	Current market value (PKR)
1. Residential house*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Other land or building	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Saving certificates			<input type="text"/>	<input type="text"/>
4. Other assets/investment	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. Jewelry	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6. Cash	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Current residence type Rented Owned Provided by Employer Residence type: Apartment Townhouse Bungalow

Vehicle type	Model	Number/quantity	Owned by Applicant / Parents / Guardian	Current market value (PKR)
1. Car	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Motorcycle	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Other _____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Asset Value

Section F: Household Expenses (Monthly)

Expense category	PKR / month	Expense category	PKR / month
1. House rent (if applicable)	<input type="text"/>	2. Total household help salary	<input type="text"/>
3. Food	<input type="text"/>	4. Utilities	<input type="text"/>
5. Travel/fuel	<input type="text"/>	6. Loan repayment	<input type="text"/>
7. Medical (average)	<input type="text"/>	8. Other _____	<input type="text"/>

How many persons does your family employ as household help (cook, cleaner, gardener, driver, guard)? _____

Section G: Expected Annual Fee Contribution for Year 2017-18

Contribution Sources:	Amount in PKR
1. Expected contribution from parents/guardian/student	<input type="text"/>
2. Funding from other sources for the year	<input type="text"/>
3. Other: _____	<input type="text"/>

Total yearly contribution for your Habib University Fee

Section H: Additional Explanations

Enter here any additional explanation or information about special circumstances that you would like to provide, relevant to this application, not covered in the sections above. Please provide documentary evidence supporting entered information, if applicable.

Section I: Undertaking

Please tick all boxes and enter relevant signatures and dates below. If you do not tick and sign below, we will not accept the application and will ask you for another form.

- We declare that the information on this form is true, correct, and complete. We understand that providing false or incomplete information and/or documents will lead to withdrawal or denial of financial aid and strict disciplinary action, subject to the University's Code of Conduct, policies, and/or applicable country laws.
- We understand that submitting a financial aid application does not guarantee financial aid, nor does it absolve us of any financial responsibility towards Habib University's education costs.
- Habib University has our permission to verify information provided in this financial aid application by obtaining documentation as needed or through other sources.

Signature of Father/Guardian:

Date:

Signature of:

Date:

Signature of Student:

Date:
