



Employee Income Statement

American University of Beirut

Office of Financial Aid, West Hall, Beirut, Lebanon

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 for financial aid: _____

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

1. Name of employee: _____ Position and title: _____

Amount (in USD, 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.	_____

2. Number of months payable: _____ Years of service: _____

To be completed by employer

3. Employer's name: _____ Title: _____ Seal: _____

4. Name of institution: _____

Telephone (work): _____ / _____ / _____ 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