



ACADEMIC INFORMATION:

PLEASE CHECK AND COMPLETE YOUR APPROPRIATE SECTION:

New Student to UPP/ Alfaisal

What is your High School type of Educational System?

Saudi Educational System

International Educational System
please specify:

High School Score :

High School Score :

Qudurat Score :

SAT I (Reasoning Test) Score :

Tahseely Score :

Other Scores, if any:

UPP Graduate

Grade Point Average :

Section Level, if any
please specify:

(1) :

(2) :

(3) :

Alfaisal continuing student

Transfer student

Grade Point Average :

Credit Hours Earned :

Please check the English test you have taken and write your score:

IELTS :

TOEFL : IBT CBT PBT ITP

Other, please specify :, Score :

Please list the name(s) of educational institution(s)/college(s) you have attended:

Name of Educational Institution/College & Location	Degree/Year	Month/Year of Graduation
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.....
.....

Please write your college and major subject:

College:

Major:

Please note any extracurricular and/or extra-professional activities in order of their importance to you:

Activity	Number of Years	Location/office
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.....
.....

Briefly describe what you believe to be your best accomplishment to date, explaining why it is important:

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Describe yourself as a person, assessing your strengths and weaknesses:

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Describe your professional ambitions. Give reasons for your interest in them, and outline how a scholarship would help achieve your ambitions:

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.....



Name of Applicant:

Describe at least one situation in which you had a position of responsibility within an academic or other environment. Include how the situation came about, the nature of your role, and what you gained from the experience:

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IF YOU ARE APPLYING FOR A NEED-BASED SCHOLARSHIP, PLEASE FILL THE FOLLOWING PART

Information about Father/Guardian:

Full Name: Age:

Identity Card / Passport No.: Place of Issue: Date of Issue:/...../.....

Marital Status: Married Separated Divorced Deceased, year of death:

Current Work Status: Employed Unemployed, since:/...../.....

If Employed, Job Title: Annual Income in SAR:

Employer's Name:

Employer's Address:

Work Reference: Contact Name: Job Title: Work Telephone:

State reason(s) for unemployment:
(Support your statement with documents, if any)

Retired indemnity received in SAR, if any: Date received:/...../.....
(Include retirement documents, if any)

Information about Mother:

Full Name: Age:

Identity Card / Passport No.: Place of Issue: Date of Issue:/...../.....

Marital Status: Married Separated Divorced Deceased, year of death:

Current Work Status: Employed Unemployed, since:/...../.....

If Employed, Job Title: Annual Income in SAR:

Employer's Name:

Employer's Address:

Work Reference: Contact Name: Job Title: Work Telephone:

State reason(s) for unemployment:
(Support your statement with documents, if any)

Retired indemnity received in SAR, if any: Date received:/...../.....
(Include retirement documents, if any)

Information about Applicant's Family:

Sibling Information:

First Name	Birth year	Education/Class (current year)	School/University	Annual Tuition Fees in SAR	Financial Aid received Amount in SAR, if any
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.....
.....



Name of Applicant:

Dependents (Include only dependents living with the family other than the nucleus family members):

Full Name	Birth year	Relation to applicant	Describe current status and future plans, if any

Please note any fixed expenses e.g. rent, loans etc... (support the information with documents):

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If there are any special family circumstances that will describe your situation more accurately, please explain: (support the information with documents)

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Other Income sources, if any:

<input type="checkbox"/> Rental Property Income	Amount:	<input type="checkbox"/> Free housing or transportation as a job benefits	Amount:
<input type="checkbox"/> Real estate other than home	Specify:	<input type="checkbox"/> Does any family member own any Business, Farm, or Land?	Net Income:
<input type="checkbox"/> Cash/savings	Amount:	<input type="checkbox"/> Money, property or other asset in another country	Specify:
Does the family employ other people? How Many?		<input type="checkbox"/> Other	Specify:
<input type="checkbox"/> In home:	<input type="checkbox"/> In business:		
<input type="checkbox"/> Investments	Amount:		

REQUIRED DOCUMENTS:

DOCUMENT	SCHOLARSHIP TYPE		DOCUMENTS APPLICABLE FOR		
	Merit-Based	Need-Based	Saudi Ed. System	Int'l Ed. System	UPP Graduate/ Alfaisal student/ Transfer student
Complete Application Form	●	●	●	●	●
Copy of Acceptance Letter	●	●	●	●	
Copy of High School Record / Latest Transcript	●	●	●	●	●
Copy of Tahseely Score Record	●	●	●		
Copy of Qudurat Score Record	●	●	●		
Copy of TOEFL Score Record	●	●	●	●	●
Copy of SAT I "reasoning test" Score Record OR other Tests Scores	●	●		●	
Copy of Record of Good Conduct	●	●	●	●	
Copy of Appropriate Physical Fitness	●	●	●	●	
Copy of National I.D. / Iqama & Passport	●	●	●	●	●
Official (3) Letters of Recommendation	●	●	●	●	●
Official Family Members Employment Records		●	●	●	●
Family Civil Status Record		●	●	●	●
Any Additional Documents to Support the Application		●	●	●	●



Name of Applicant:

AFFIRMATION:

- I certify that the answers to the foregoing questions and the statements on the previous pages are completed by me, and are to the best of my knowledge and belief, true, complete and correct.
- I understand that any misrepresentations or material omission made on this form may invalidate this application and cancel any scholarship awarded to me at any time. I also authorize investigation of all statements contained herein.
- I agree and authorize the Scholarship Office to release my transcript of grades to selected Scholarship donors, if requested.
- Any missing or false information in the application will jeopardize the applicant's scholarship status. The application will also be considered incomplete if the applicant and/or parents refuse to provide any document requested by the Scholarship Office.

ALL INFORMATION PROVIDED BY THE STUDENT IN THIS FORM WILL BE DEALT WITH STRICT CONFIDENTIALITY AND WILL BE ONLY USED FOR THE PURPOSE OF EVALUATING THE STUDENT ELIGIBILITY FOR SCHOLARSHIP.

Name of Applicant :

Date :

Applicant's Signature :

Name of Parent/ Guardian:

Date :

Parent/ Guardian's Signature :

Office of Scholarship and Financial Assistance Message

Completed applications must be submitted not later than **04:00 PM Saturday, August 14th, 2010.** Late or incomplete applications will not be considered.

ADDRESS:

Office of Scholarship and Financial Assistance
Student Affairs, Alfaisal University
Riyadh, Takhassusi Street
(behind King Faisal Specialist Hospital and Research Center)
P.O. Box 50927, Riyadh 11533
Telephone: +966 (01) 2157827, 2157825
Fax: +966 (01) 2157831
Kingdom of Saudi Arabia

(Please keep a copy of this form for your personal records)