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University of Balamand

Athletic Scholarship Application

Athletic Scholarship is valid for one semester only

AS Number: _____
Submission Date: / /

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Submission Date: / /

Name: _____

ID Number: _____

Instructions:

Students should submit an Athletic Scholarship Application Form to the Office of Athletics, Wellness and Recreation in Hariri Gymnasium Building Room 112-113. In order to qualify, students should:

1. Be enrolled as regular full-time students with a minimum of 12 credits.
2. Have a clear academic standing with a semester average above 75.
3. Have submitted a Financial Aid Application.
4. Be part of the UOB Varsity Teams.
5. Should not be on disciplinary probation.

New students may also apply for Athletic Scholarship. They should submit the application by mid of August (if joining UOB Varsity Teams during the Fall semester), or by the mid of January (if joining UOB Varsity Teams during the Spring semester) of each academic year.

Your application for Athletic Scholarship must be accompanied by the following documents:

- Letter from the Club that the Student Athlete plays for the Club noting the level of the Club and the level of the player.
- Original Card of the Sports Federation that the Student Athlete is enrolled if available. Identification Card (original) from the Sports Federation/Club (if available).
- Medical reports for any health problem signed by a physician and UOB infirmary.
- Resume of his/her Sports career (Profile – Video Tape – Achievements).
- Letter of recommendation from UOB varsity coach or the Office of Athletics, Wellness and Recreation.

The Athletic Scholarship Committee has the right to request other documents if needed.

Inaccurate or incomplete information in the form will lead to discarding the application. Application submitted after the allocated deadline will not be considered.

Student Athletes Responsibilities:

In order to maintain the Athletic Scholarship, the Student Athlete should:

- Maintain a semester average above 75.
- Attend team trainings, friendly games and official games.
- Participate in the International Tournaments.
- Assist in social activities linked to Sports (visits to Orphans, participates with NGOs for charity purposes ...).

A- Personal Information

- 1- **Full Legal Name:** _____
 First Middle Last
- 2- **Gender:** Male Female
- 3- **Sports:** _____
- 4- **Club:** Current: _____ Division: _____
 Previous: _____ Division: _____
 _____ Division: _____
 _____ Division: _____
- 5- **Marital Status:** Single Married Other specify _____
- 6- **Nationality:** Lebanese Other Specify _____
- 7- **Address:**
- Telephone (Home): _____ (Mobile): _____
- Email address: _____

B- Medical Assessment

- 1- **Do you have any current injury? Specify:** _____

- 2- **Have you ever had any previous injuries? Specify:** _____

3- **Medical History** - Assess your health status by marking all **true** statements

History:

- You have had a heart attack
- You have had heart surgery

Symptoms:

- You experience chest discomfort with exertion
- You experience unreasonable breathlessness
- You experience dizziness, fainting, or blackouts
- You take heart medications

Other health issues:

- You have diabetes
- You have asthma or another lung disease
- You have musculoskeletal problems that limit your physical activity
- You have concerns about the safety of exercise
- You take prescription medication(s)

Cardiovascular risk factors:

- You smoke, or quit smoking within the previous 6 months
- Your blood pressure is >140/90 mm Hg
- You take blood pressure medication
- Your blood cholesterol level is >200 mg/dL

C- References (Please mention two persons)

Name: _____

Occupation or Position: _____

Address: _____

Telephone: _____

Email: _____

Name: _____

Occupation or Position: _____

Address: _____

Telephone: _____

Email: _____

If there are any other specific information that will describe your situation more accurately, please explain in the space below and submit supporting documents.

I, the undersigned applicant, do hereby certify that the information provided for the purpose of Athletic Scholarship is true and complete. I allow the investigation of all the above-mentioned information, as I know that any false or omitted information may lead to the cancellation of my application.

I agree to abide by all the rules of the Office of Athletics, Wellness and Recreation. Recognizing the possibility of physical injury associated with sports activities, I hereby release, discharge and/or otherwise indemnify UOB, its trustees, officers, agents, and employees against any losses, expenses, claims, demands and legal actions of every kind and character resulting from my use of the UOB premises or facilities.

I hereby give my consent to UOB to take photographs, video recordings, and/or sound recordings of myself in documenting the activities of UOB and also give permission to use the negatives, prints, motion pictures, video/audio recordings, or any other reproduction of the same for educational and promotional purposes in manuals, on flyers, on the world wide web, or in other publications.

Name: _____

Signature: _____

Date: _____