THE LAURICE KHOURY FOUNDATION FOR THE SUPPORT OF DISABLED PALESTINIAN STUDENTS

Tuition Scholarship Application Package Instructions

APRIL 2024

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Application Package Introduction

Thank you for taking the time to apply to The Laurice Khoury Foundation for the Support of Disabled Palestinian Students (LKF) for tuition scholarship. We hope you too will be selected to receive scholarship, which we call an "Award Recipient." To be eligible to become an Award Recipient, you must apply by submitting an Application Package by the deadline. What is the deadline? Here are some dates you might want to remember.

LKF Scholarship Important Dates

Application Open	April 6
Application Close	July 31
Select Award Recipients	August 31
Award Recipient Notification	September 1-14
Disbursement of Award to University	September 1-14

LKF Tuition Scholarship Application Package

You will need to complete an application package to apply for scholarship.
What does an application package look like? The table below outlines what you will need to turn in and what you will need from your primary physician.

LKF Tuition Scholarship Application Package

COMPLETED BY YOU (the applicant)	COMPLETED BY YOUR PRIMARY PHYSICIAN

• Electronic Signature Agreement
• Academic & Financial Need Assessment
• Three Attachments
    ○ Essay (500-1000 words)
    ○ Rental Lease (if applicable)
    ○ Certified Letter from Sibling University (if applicable)
	• Electronic Signature Agreement
	• Disability Assessment

FAILURE TO FOLLOW DIRECTIONS AND/OR COMPLETE THE PACKAGE MAY RESULT IN YOUR APPLICATION BEING REJECTED!

Electronic Signature Agreement

The Electronic Signature Agreement is a REQUIRED prerequisite for the application package for YOU and YOUR PRIMARY CARE PHYSICIAN. Please read it carefully and digitally sign it. By agreeing to the Electronic Signature Agreement and signing it, you are indicating (1) you agree to the terms of the electronic signature agreement (2) all other electronic signatures are by you and (3) act as your wet signature for legal purposes.

Academic & Financial Need Assessment

The Academic & Financial Need Assessment part of the application gathers information about who you are, some of your academic information, and you and your family's financial information. Please read it carefully and feel free to contact us should you have any questions. Instructions for that part of the application may be found at the Academic & Financial Need Assessment part of this document.

Three Attachments

The Essay

The essay is a required attachment to the application package. It should be 500-1000 words, Times New Roman or Calibri at 12pt font, double-spaced with 0.5" indents at each new paragraph.

The essay may be written in Arabic, but if you are a Science, Technology, Engineering, Math (STEM) major, it MUST be in English.

You should write on one of the three topics:

1. Describe how you (the applicant) will use the knowledge you obtain as a college/university student to improve the quality of life for those with special needs.

2. How would you (the applicant) characterize the present conditions under which Palestinians with disability live and discuss at least three areas of improvement.

3. Discuss how an undergraduate college degree would improve the quality of your life as a student with special needs.

Rental Lease

Per the Academic & Financial Need Assessment item #15 under HOUSING INFORMATION, if you answer "RENT", you MUST provide a copy of your lease in Arabic OR English.

Certified Letter from Sibling University

Per the Academic & Financial Need Assessment item #17 under SIBLING INFORMATION, if any of your siblings attend university, you MUST provide a certified letter from their university confirming their current enrollment/attendance.

Disability Assessment

The Disability Assessment is a report we request be filled out by your primary care physician. It is required for LKF, Inc. to better understand the applicant's permanent disability and how you manage day-to-day. Instructions to help your primary care physician fill out the template or what to provide if they use their own template can be found at the Medical Report Template part of this document.

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Instructions for Academic & Financial Need Assessment

Academic & Financial Need Assessment Introduction

These are instructions for The Laurice Khoury Foundation for the Support of Disabled Palestinian Students (aka, LKF; LKF, Inc) Academic & Financial Need Assessment. These instructions should provide additional detail/instruction to assist in filling out the assessment.

Assessment Instructions: Please answer the following questions completely and truthfully. **Note:** Missing and/or falsifying information will automatically lead to denial of your scholarship application.

APPLICANT INFORMATION

PERSONAL INFORMATION

1. **Full Name (4 parts)**: Provide your full name defined as "given name, father's name, grandfather's name, and family name." If your name does not match this format, provide the name you normally use for government documents.

2. **ID number**: Provide the government identification number assigned to you at birth.

3. **Date of Birth**: Provide your birthday in the format: YYYY-MM-DD (i.e. 1995-04-01).

4. **Address**: Provide the address in which you live. For example, the address of the LACASA Mall is

   > LACASA Mall
   > Dahyet Al Rihan, Ramallah
   > Al-Bireh, Palestine

5. **Telephone Numbers**: Please provide your Home and Mobile numbers with the following format: "+Country Code" + "phone number" (i.e. +970 123 123 123).

6. **E-mail: Address**: Your e-mail in the format "email-prefix@email-domain" (i.e. info@lauricekhouryfoundation.org).

7. **Nearest known place**: What is a large landmark near you?

8. **TAWJIHI Information**: Please provide
   a. the high school you took the TAWJIHI,
   b. the year you completed the TAWJIHI, and
   c. your TAWJIHI average.

9. **High School Study Program**: Please select from the drop-down your study program from the following: *Commercial*, *Industrial*, *Literary*, or *Scientific*.

CURRENT UNIVERSITY INFORMATION

Note: This section is for your most recently attended university which will have your most recent transcripts. This is NOT for the university for which you are applying for this scholarship.

10. **Are you currently enrolled at a university?**: Select *YES* or *NO* from the drop-down.

    IF YOU ANSWERED "NO" PROCEED TO #11

    If you answered "YES", fill out the following information on the application:
    Name: Name of the University

    Location: City of the University

    Major: The major your studied at the university

    Cumulative GPA: Your combined GPA as reflected by your transcripts.

    Additionally, provide the following information about **Current University Credit Hours**.
    Completed: How many credit hours you have <u>completed</u> as reflected by your transcripts.

    Remaining: How many credit hours you have <u>remaining</u> as reflected by your transcripts.

NEW UNIVERSITY INFORMATION

Note: This section is for your NEW university for which you are applying for this scholarship.

11. **Have you been accepted to a university as a recent high school graduate?**: Tell us if you're a recent high-school graduate who has been accepted to university.

    IF YOU ANSWERED "NO" PROCEED TO #12

If you answered "YES", fill out the following information on the application:

> **Name**: Name of the University
>
> **Location**: City of the University
>
> **Date of Acceptance**: When were you accepted? Please provide in the format: YYYY-MM-DD (i.e. 1995-04-01).
>
> **Cost per credit hour**: Provide the cost per credit hour in United States Dollars (USD, i.e. $10)

PARENT INFORMATION

Please provide the following information for each parent.

12. *Father Information* &
13. *Mother Information*

Name: Their full name defined as "given name, father's name, grandfather's name, and family name." If their name does not match this format, provide the name they normally use for government documents.

ID Number: Provide their government identification number assigned at birth.

Occupation: Provide the name of their workplace. If they do not work, please use: "Unemployed", "Retired", "Homemaker", or whatever is applicable.

Mobile Number: Please provide their Mobile number with the following format: "+Country Code" + "phone number" (i.e. +970 123 123 123).

Average Monthly Income: Please provide how much they makes per month on average.

Employer Name: Please provide where they work.

Employer Address: Please provide the address of their workplace.

HOUSING INFORMATION

14. **Do you live with your family (parents & siblings)?**: Please provide if you still live with your family. If you do not live with your family, use the space below to clarify and answer #15 based on your current situation.

15. **Does your family RENT or OWN your place of residence?**: Please indicate whether your family (or current situation as explained in #14) is a rental or owned.

    IF YOU ANSWERED "OWNED" PROCEED TO #16

    If you answered "RENT", fill out the following information on the application:

a) **What is the amount of rent in USD ($)?**: Provide the amount of rent PER MONTH in United States Dollars.

b) **What is the name of the owner (landlord)?**: Provide the full name defined as "given name, father's name, grandfather's name, and family name." If the name does not match this format, provide the name used for government documents.

c) ***Please attach a copy of the rental lease (in English or Arabic) to this application.*** **FAILURE TO DO THIS MAY RESULT IN YOUR APPLICATION BEING REJECTED!**

SIBLINGS INFORMATION

Full Name – "given name, father's name, grandfather's name, and family name." If the name does not match this format, provide the name used for government documents.

16. **List the full names of all siblings under the age of 18**: Provide the Full Name as defined above for all siblings under the age of 18 by AUGUST 01 of the current year.

17. **List the full names of siblings who are currently attending a university**: Provide the Full Name as defined above for all siblings who started University for the Fall Semester of the previous year or Spring Semester of the current year.

    Please attach a certified letter from each university as confirmation of current enrollment for each sibling (in English or Arabic).
    FAILURE TO DO THIS MAY RESULT IN YOUR APPLICATION BEING REJECTED!

18. **Do you have any siblings that work?**: For EACH sibling who works, please provide the following information:
    Name: Their full name defined as "given name, father's name, grandfather's name, and family name." If their name does not match this format, provide the name they normally use for government documents.

    Marital Status: Indicate whether your sibling is *SINGLE*, *MARRIED*, *SEPARATED*, or *DIVORCED*.

    Telephone Numbers: Please provide your Home and Mobile numbers with the following format: "+Country Code" + "phone number" (i.e. +970 123 123 123).

    Occupation: Provide the name of their workplace. If they do not work, please use: "Unemployed", "Retired", "Homemaker", or whatever is applicable.

    Lives with your family?: Please indicate if your working sibling lives with you and your family.

FINANCIAL LOAN INFORMATION

19. Did you apply OR obtain a financial loan from any entity? Please indicate *YES* or *NO* if you have obtained any type of loan to be used for your education.

IF YOU ANSWERED "NO" LOOK OVER THE APPLICATION AND PROCEED TO SIGNING

If you answered "YES", fill out the following information on the application:
Name of lending entity: Please provide who is providing you with the loan OR with whom you have applied for the loan.

Amount Applied for: How much, in USD ($) have you applied for?

Approved/Denied/Waiting: What is the current status of your loan application?

STUDENT SIGNATURE

- Please read over your application carefully and make any corrections as needed.

- Make sure you read and fully understand the acknowledgements of signing.

- Print your name.

- Date the document.

- Electronically sign.

FAILURE TO SIGN MAY RESULT IN YOUR APPLICATION BEING REJECTED!

The Executive Committee of The Laurice Khoury Foundation for the Support of Disabled Palestinians wishes you the best of luck in the pursuit of education.

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Instructions for Medical Report Template

Introduction

These are instructions for The Laurice Khoury Foundation for the Support of Disabled Palestinian Students (aka, LKF; LKF, Inc) Template for the required Medical Report. These instructions should provide additional detail/instruction to assist in filling out the template. This report is required for LKF, Inc. to better understand the applicant's permanent disability and how they manage day-to-day.

A medical clinic and/or physician may submit their own medical report as a substitute for this template with no penalty toward the applicant.

Note: Any missing and/or falsifying information utilizing this template OR from an official medical clinic/physician will automatically lead to denial of your scholarship application.

MEDICAL CLINIC INFORMATION

Please provide the following information regarding the clinic's business information

- **Name**: The name by which the clinic uses for the public recognition.

- **Address**: Street address on which the clinic does business.

- **City**: The city in which the clinic resides. If the clinic name is used at multiple addresses, use the address the applicant utilizes for primary care.

- **Country**: The country in which the clinic resides. If the clinic name is used at multiple addresses, use the country the applicant utilizes for primary care.

- **E-mail: Address**: The clinic e-mail which responds to official inquiry. The e-mail in the format "email-prefix@email-domain" (i.e. info@lauricekhouryfoundation.org).

- **Phone**: Please provide the clinic's primary number through which we might contact you. Please use the following format: "+Country Code" + "phone number" (i.e. +970 123 123 123).

PHYSICIAN INFORMATION

Please provide the following information regarding the applicant's primary physician.

- **Name**: Their full name defined as "given name, father's name, grandfather's name, and family name." If their name does not match this format, provide the name they normally use for government documents.

- **Title**: The title they use as a physician. (ie. Medical Doctor, Doctor of Osteopathic Medicine, Doctor of Podiatric Medicine, etc).

- **Phone**: Please provide the physician's primary number through which we might contact you. Please use the following format: "+Country Code" + "phone number" (i.e. +970 123 123 123).

PATIENT INFORMATION

Please provide the following information you have on file regarding the applicant's information.

- **Name**: Their full name defined as "given name, father's name, grandfather's name, and family name." If their name does not match this format, provide the name they normally use for government documents.

- **Date of Birth**: Provide your birthday in the format: YYYY-MM-DD (i.e. 1995-04-01).

- **Address**: Street address oof the applicant.

- **City**: The city in which the applicant resides.

- **Country**: The country in which the applicant resides.

PATIENT CONDITION & HISTORY

With the best of your ability, please provide the following information regarding the applicant so that The Laurice Khoury Foundation for the Support of Palestinian Students might fully understand their need and ensure they qualify for the support we provide. Type as much as required. ADOBE will not limit your wording and allow you to scroll through your report.

- Please describe the patient's illness, injuries, or conditions which create a permanent disability.

- Please provide a medical history, diagnosis, long-term prognosis, symptoms of the patient pertaining to the patient's permanent disability.

- Please describe what activities are allowed, not allowed, and limitations to daily activities.

- Please provide an assessment of the patient's specific and unique circumstances. What tools/devices/durable medical equipment is used on a permanent basis to carry out daily living activities?

PHYSICIAN SIGNATURE

- Please read over your report carefully and make any corrections as needed.

- Make sure you read and fully understand the acknowledgements of signing.

- Print your name.

- Date the document.

- Electronically sign.

FAILURE TO SIGN MAY RESULT IN THE APPLICATION BEING REJECTED!