

Libyan–North American Scholarship Program
البرنامج الليبي للبعثات الدراسية في أمريكا الشمالية



**LIBYAN-NORTH AMERICAN SCHOLARSHIP PROGRAM
DEPENDENT STUDY APPLICATION FORM**

CBIE will submit a request to the Ministry based on the information provided in this form.

Submitting this form to CBIE does not guarantee approval.

Dependent students will be approved for study once a decree and funding has been received by CBIE.

Requested Study - please select one:

☐ **ESL Study** (12 Months)

OR

☐ **Academic Study**

Dependents must pursue a program in the same field and at a higher level than their previous degree

- ☐ Diploma (12/24 Months - Canada only)
- ☐ Associate's Degree (24 months - US only)
- ☐ Bachelor (48 Months)
- ☐ Masters (36 Months)
- ☐ PhD (60 Months)

Dependents can only be considered for approval if they meet ALL of the following conditions:

- The primary student must be *active* and *on the Ministry list*;
- The dependent study must be able to complete their requested program within the primary student's scholarship period ;
- The student must submit all supporting documentation required;
- The academic program must be in the same field and at a higher level than the dependents previous degree;
- If perusing academic studies, the dependent must hold an offer of admission from an academic institution.

Note:

- Students will submit separate requests for ESL and Academic Study. Approval for Academic Study will not include ESL time. If ESL is required, you must submit this request first.
- For Academic Study: Requests for funding are sent to the Ministry for 12 month periods (annually) – the entire study period is not automatically covered.
- Postgraduate medical residency training will not be authorized under this policy and therefore CBIE will not submit a request for residency training.

TO BE COMPLETED BY PRIMARY STUDENT:

STUDENT NAME: _____ CBIE NUMBER: _____

EMAIL ADDRESS: _____

TO BE COMPLETED BY DEPENDENT:

All fields must be completed in full for your application to be considered.

DEPENDENT NAME: _____

DEPENDENT NAME IN ARABIC: _____

RELATIONSHIP TO PRIMARY: _____

ESTIMATED START DATE: _____ ESTIMATED END DATE: _____

DATE OF BIRTH: _____ EMAIL ADDRESS: _____

PREVIOUS EDUCATION BACKGROUND:

LAST DEGREE OBTAINED: _____ FIELD OF STUDY: _____

FINAL GPA/GRADE MARK: _____ CURRENT ESL LEVEL: _____

YOUR APPLICATION MUST BE SUBMITTED WITH THE FOLLOWING SUPPORTING DOCUMENTATION:

- ☐ This form (Dependent Study Application Form)
- ☐ Letter from Primary Student **in English** requesting permission for his/her dependent to study
- ☐ Letter from Primary Student **in Arabic** requesting permission for his/her dependent to study
- ☐ Copy of previous degree graduation statement and official transcript **in English**
- ☐ Copy of previous degree graduation statement and official transcript **in Arabic**
- ☐ For Academic Dependents: A copy of the offer of academic admission
- ☐ Copy of voided check with complete account info authorizing any payments made to the dependent to be made to this account. (U.S.Only)

Primary Student's Signature

Date

Please return the completed form, along with scanned copies of the required documents to:

- If in Canada, dependent.ca@cbie.ca
- If in the US, please send to your Academic Manager.

If you meet the requirements for application, CBIE will forward your request to the Ministry for approval and funding.