



NEW BABY FORM

The Libyan-North American Scholarship Program

STUDENT NAME: _____ CBIE STUDENT NUMBER: _____

INSTITUTION: _____

STUDENT ADDRESS: _____

TELEPHONE NUMBER: _____ EMAIL: _____

NAME OF CHILD: _____ DATE OF BIRTH OF CHILD: _____

Please complete this form, and attach a copy of the new baby's birth certificate.

I have provided CBIE with a copy of the birth certificate and request that my status be changed to one of the following:

- Married with 1 or 2 children _____ (number of children)
- Married with 3 or more children _____ (number of children)

Note: Upon receipt of this form and your child's birth certificate, a notification report will be sent to the Ministry.

Signature of Student

Date

Please return this form to CBIE:

- If in Canada, insurance.ca@cbie.ca.
- If in the United States, insurance.us@cbie.ca.