



Holy Spirit University of Kaslik Social Service Office

Procedure to follow in order to submit a financial aid file

1st step : Connect to the University Intranet <http://myusek> (Student life) or to the USEK website <http://www.usek.edu.lb>, and print out and complete the financial aid file with the student's parents or tutor.

2nd step : Prepare all required documents at the end of the file (p. 10).

3^d step : Once the previous steps are completed, contact the Social Service Office **between February 1 and April 30 for current students, September 1 and October 31 for new students**, to make an appointment with the relevant social worker.

4th step : Be on time for your appointment to submit the file and the relevant documents (Please call in case of absence or lateness in arrival).

5th step : Following the interview, the student should ask the social worker for a receipt as proof of the file submission, a receipt to be kept safely for later use.

P.S.:

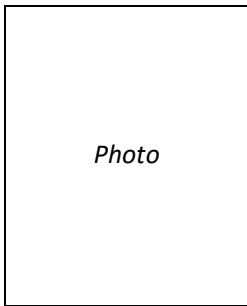
- Any financial aid will be refused if the file is not completely filled and/or if the required documents are incomplete.
- The USEK Social Service Office reserves the right to withdraw the allotted reductions in the following cases:
 - Falsification of the data provided by the student to the Social Service Office;
 - Disciplinary measures taken against the student;
 - Probation situation of the student.



**Holy Spirit University of Kaslik
Social Service Office**

Financial Aid File

Student ID: _____
Academic Year: 20___/ 20___ Semester: _____
Faculty: _____
Specialization: _____
Level of Studies: Undergraduate Graduate Post-graduate
Campus of: Kaslik Chekka Rmeich Zahle



I- PERSONAL INFORMATION

Name and Surname: _____ Father's Name: _____
Gender: F M Place and Date of Birth: _____
Mohafazat: _____ Caza: _____ Village: _____ Register N°: _____
Nationality: _____ Religion and Rite: _____
Do you have any health problems? No Yes, please explain _____

I-1 Parents' address

Winter: _____ Summer: _____

Tel.: _____ Mob.: _____ Tel.: _____ Mob.: _____

I-2 Student's address

Parents' residence USEK Residence Dorm or rented apartment

Student's address: _____

Tel.: _____ Mob.: _____
Personal e-mail: _____ @ _____
Student's e-mail: _____ @net.usek.edu.lb

I-3 Last attended school

Institution name: _____ School year: _____

I-4 Professional status

Are you working or do you have a profession?

No. Why? _____

Yes, please explain: (add Appendix 1) _____

Work address: _____ Tel: _____

Occupied position: _____ Schedule and time: _____

Number of working days or hours: _____ Monthly or hourly income: _____

I-5 Do you have a car? No Yes, what brand: _____ Year of manufacture: _____

II- INFORMATION ABOUT THE PARENTS

II-1 Information about the father

Name: _____ Surname: _____ Date of Birth: ____/____/____

Civil status: Married Separated Divorced Widower Remarried

Deceased Year and cause of death: _____

Previous work: _____ Allowance / Salary: _____

Does your father suffer from health problems?
 No Yes, please explain _____

Level of studies: Primary school Elementary school Secondary school University
 Other _____

Current profession:

Unemployed, state the causes: _____

Employed (add Appendix 1, completed by the employer – work institution)

Main employment:

Institution / Company: _____ Profession: _____

Work address: _____

Tel.: _____ Monthly income: _____

Secondary employment: (If any)

Institution / Company: _____ Profession: _____

Work address: _____

Tel.: _____ Monthly income: _____

Freelance (add Appendix 2)

Type of 1st work: _____ Average of monthly income: _____

Type of 2nd work: _____ Average of monthly income: _____

Is your father retired? (**Attach supporting documentation**):
 No Yes, please clarify: _____

Year of retirement: _____ Institution: _____ Position and/or rank: _____

Perceived indemnities: _____ Monthly retirement allowance amount: _____

II-2 Information about the mother

Name: _____ Surname: _____ Date of Birth: ____/____/____

Civil status: Married Separated Divorced Widower Remarried

Deceased Year and cause of death: _____

Previous work: _____ Allowance / Salary: _____

Does your mother suffer from health problems?

No Yes, please explain _____

Level of studies: Primary school Elementary school Secondary school University

Other _____

Current profession:

Unemployed, state the causes: _____

Employed (add Appendix 1, completed by the employer – work institution)

First employment:

Institution / Company: _____ Profession: _____

Work address: _____

Tel.: _____ Monthly income: _____

Freelance (add Appendix 2)

Type of main work: _____ Average of monthly income: _____

Is your mother retired? (**Attach supporting documentation**):

No Yes, please clarify: _____

Year of retirement: _____ Institution: _____ Position and/or rank: _____

Perceived indemnities: _____ Monthly retirement allowance amount: _____

II-3 Other person supporting the family (If any)

Name: _____ Surname: _____ Date of Birth: ____/____/____

Kinship to the student: _____

Civil status: Married Separated Divorced Widower Remarried

Professional situation: Employed Freelance

Unemployed, state the causes: _____

Institution/ Company: _____ Profession: _____

What is the frequency of the allotted aid? _____

III- INFORMATION ABOUT SIBLINGS

					Live(s) in the Same House		Currently Studying			Is/are Working			
Name	Kinship	Year of Birth	Civil Status	Health Status	Yes	No (Details please)	Name of School or University (if USEK, mention the ID number)	Class or Year of Studies	Annual School/ Tuition Fees	Level of Studies	Name of the Institution / Company	Position	Monthly Income
1.													
2.													
3.													
4.													
5.													
6.													
7.													
8.													
9.													
10.													
11.													
12.													

P.S.: - Attach a work and salary certificate for all active members of the family: parents and single siblings (Complete Appendix 1 or Appendix 2, according to the case)
 - Attach a school certificate mentioning the annual Tuition fees and deductions of brothers and sisters within the same school
 - Attach a medical report in case of sickness

Remarks:

IV- PERSONS SUPPORTED BY THE FAMILY OTHER THAN SIBLINGS

Name and Surname	Kinship	Year of Birth	Civil Status	Health Status	Private Insurance or NSSF	Live(s) in the Same House		Professional Status		
						Yes	No (Details please)	Previous Work	Current Work	Salary/Income/Indemnities
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										

P.S: - Attach a work & salary certificate for active persons supported by the family (complete Appendix 1 or Appendix 2, according to the case)
 - Attach a medical report in case of sickness

Remarks:

V- MARRIED STUDENT

V-1 Information about the spouse:

Surname : _____
 Name : _____
 Father's Name: _____

Place and Date of Birth : _____
 Religion and Rite : _____

Civil status: Married Separated Divorced Widower Remarried
 Deceased Year and cause of death: _____
 Previous work:_____ Allowance / Salary: _____

Does your spouse suffer from health problems?
 No Yes, please explain _____

Level of studies: Primary school Elementary school Secondary school University
 Other _____

Unemployed, state the causes: _____

Employed (add Appendix 1, completed by the employer – work institution)

Main employment:

Institution / Company: _____ Profession: _____

Work address: _____

Tel.: _____ Monthly income: _____

Secondary employment: (If any)

Institution / Company: _____ Profession: _____

Work address: _____

Tel.: _____ Monthly income: _____

Freelance (add Appendix 2)

Type of main work: _____ Average of monthly income: _____

Type of secondary work: _____ Average of monthly income: _____

Is your spouse retired? (**Attach supporting documentation**):
 No Yes, please clarify: _____

Year of retirement: _____ Institution: _____ Position and/or rank: _____

Perceived indemnities: _____ Monthly retirement allowance amount: _____

V-2 Information about the children: (If any)

Surname	Year of Birth	School/University	Class	Tuition fees
_____ / _____	_____ / _____	_____ / _____	_____ / _____	_____ / _____
_____ / _____	_____ / _____	_____ / _____	_____ / _____	_____ / _____
_____ / _____	_____ / _____	_____ / _____	_____ / _____	_____ / _____

V-3 Do you receive any school grant for your children or any other type of grants, please clarify:

Source of grants/funds	Annual amount
_____ / _____	_____ / _____

VI- FINANCIAL SITUATION OF THE FAMILY

The family's income source must be specified even if the parents do not work.
 If income is not mentioned, the file will be considered **incomplete**.

VI-1 Annual family income

Amount per year

Salary of the father	_____
Salary of the mother	_____
Salary of the student	_____
Salary of the spouse – if the student is married	_____
Cumulative salary of the single brothers/sisters	_____
Other annual revenue (bonuses, commissions...)	_____
Accumulated pension benefits (if applicable)	_____
Annual interest on savings	_____
Income of holdings:	
Rental of holdings (buildings, land, shops...)	_____
Seasonal harvest	_____
Other sources of revenue: (attach the supporting documents)	
Family support	_____
Aid from organizations or institutions (USEK included)	_____
School or university grants	_____

Total of annual revenue

VI-2 Family properties (attach the supporting documents)

Bank reserves	Amount in LBP _____	Annual interest in LBP _____
	Amount in \$ _____	Annual interest in \$ _____
	Amount in € _____	Annual interest in € _____
Land	1. Region _____	Surface _____
	2. Region _____	Surface _____
Buildings	1. Region _____	Number of floors _____
	2. Region _____	Number of floors _____
Apartments	1. Region _____	Surface _____
	2. Region _____	Surface _____
Cars	1. Brand _____	Year of manufacture _____
	2. Brand _____	Year of manufacture _____
	3. Brand _____	Year of manufacture _____
Other properties	_____	

VI-3 Annual family expenses

Amount per year

Housing expenses	Parents (in case of rental)	_____
	Of the student (in case of rental or in dorms)	_____
Miscellaneous expenses	Subsistence	_____
	Water	_____
	Electricity	_____
	Phone (landline and mobile)	_____
	Municipality	_____
	Transport	_____
Medical expenses	Private insurance	_____
	Non-reimbursed medical treatment	_____
School and university fees (student, siblings)		_____
Other expenses, please specify:		_____
Total of annual expenses		_____

VI-4 Details concerning the family's debts (attach the supporting documents)

Total amount of loan	Number of instalments	Monthly amount	Beginning	End	Source of loan	Reason

VI-5 Have you submitted an aid request to foundations or organizations for this year?

No Yes, please specify:

Foundation	Reference persons	Telephone	Nature and frequency of aid
_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____
_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____
_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____

VI-6 Has a family member already received a financial aid from USEK?

No Yes, please specify:

Full name	ID	Faculty	Academic year	Annual amount
_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____
_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____
_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____

VII- The student is requested to specify below the personal motivations that lead them to make this request and describe, from their point of view, their family situation:

VIII- The student is asked to estimate as a percentage the aid they consider adequate to meet their needs:

N.B: The final decision will be taken by the Committee of the USEK Social Service Office.

Documents to attach:

1. Passport photo صورة شمسية
2. Copy of the national identity card or the student's individual status record (recent)
صورة عن الهوية أو إخراج قيد إفرادي جديد
3. Copy of the family status record (recent) صورة عن إخراج قيد عائلي جديد
4. Copy of the student ID
5. Certificates of employment and salary for all active family members: parents and unmarried sibling (s)
(fill in Appendix 1 or Appendix 2, depending on the case)
6. Medical report, in case of disease, for all family members and/or persons supported by the family
7. Copy of the registration of cars owned by the family صورة عن دفاتر السيارات
8. Legal justification of debts
9. Pension supporting documents (allowances, retirement pensions, etc.)
10. Copies of real estate ownership certificates (شهادات القيد) صورة عن صكوك الملكية العقارية
11. Copy of lease (as lessor or lessee) (بصفة مؤجر أو مستأجر) صورة عن عقود الإيجار
12. Tuition certificate including annual tuition of studies and discounts for siblings still in school
13. Supporting legal documents in the event of legal issues (divorce, lawsuit, foreclosure, etc.)
14. Schooling and university allowance granted by the concerned authorities

I certify, on my honor, the accuracy of all statements made in this document knowing that any significant voluntary inaccuracies or omissions may result in the rejection of my application or withdrawal of aid. I accept, if the Social Service Office deems it necessary, any home visit from a social worker mandated by USEK.

Issued on: _____

Student's signature (s): _____

Signature of parents/guardians: _____



Appendix 1 – Salary attestation for employees

This form must be completed by the employer (**work institution**) for each active member of the family and for each position (Please photocopy this sheet if necessary).

Name of the student: _____ ID: _____

Name of the employee: _____

Position held: _____

	Amount in LBP
Monthly basic salary	
Monthly family allowances	
Monthly transport	
Annual bonus	
Annual commission	
Other annual revenue	
School and university allocations provided by the work institutions and/or civil servants' cooperative and/or NSSF (please mention aids for each person/child separately and specify their name)	
1.	
2.	
3.	
4.	
5.	

Number of months paid per year: _____ Hiring date: _____

Name and position of the employer : _____

Name of the institution : _____ Tel.: _____

E-mail: _____ @ _____

Type of the institution, nature of work: _____

I certify that the above information and amounts are accurate.

Date: _____

Signature of the employer and company stamp: _____



Appendix 2 – Independent professions, statement of revenue

This form must be completed in full and accompanied by a photocopy of the commercial record (سجل تجاري) and a copy of a tax return on income presented to the Ministry of Finance (ضريبة دخل)

Please photocopy this sheet if necessary.

Name of the student: _____ ID: _____

Last name, first name: _____

Relationship to the student: _____

Occupied position: _____

Partners (شركاء) Number of partners: _____ Shared percentage: _____

Name of the institution: _____ Address: _____

Tel.: _____ E-mail: _____ @ _____

Record number: _____

Registration date: _____

Nature of work: _____

Number of employees: _____

Global annual revenue:

The overall income is the total income of the institution.

Annual net income:

The net income is the total personal income of the owner (family member) and partners, if applicable, after deduction of all expenses of the institution.

Signature: _____

Date: _____