



## Holy Spirit University of Kaslik Social Service Office

### **Procedure to follow in order to submit a financial aid file**

**1<sup>st</sup> 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.

**2<sup>nd</sup> step** : Prepare all required documents at the end of the file (p. 10).

**3<sup>rd</sup> 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.

**4<sup>th</sup> 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.)

**5<sup>th</sup> 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.:**

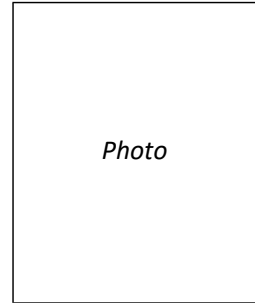
- Any financial aid will be refused if the file is not completely filled and/or if the required documents are incomplete.
- The USEK Social Service Office reserves the right to withdraw the allotted reductions in the following cases:
  - Falsification of the data provided by the student to the Social 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: \_\_\_\_\_  
School/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 No.: \_\_\_\_\_  
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 – working 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 1<sup>st</sup> work: \_\_\_\_\_ Average of monthly income: \_\_\_\_\_

Type of 2<sup>nd</sup> 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 – working 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:**

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**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 and 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:**

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## 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 ( <b>USEK included</b> )	_____
School or university grants	_____

### **Total of annual revenue**

### **VI-2 Family properties (attach the supporting documents)**

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



**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:**

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**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 & salary for all active members in the family: parents and member (s) of the 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 that the family supports
7. Copy of the registration card of cars owned by the family صورة عن دفاتر السيارات
8. Legal justification of debts
9. Pension supporting documents (allowances, retirement pensions...)
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 Certificate 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 <b>provided by the work institutions and/or civil servants' cooperative and/or NSSF</b> (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: \_\_\_\_\_