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|  | **Holy Spirit University of Kaslik****Financial Aid Office****Studies allocation request for members of the same family (siblings)** |  |

*Form to be completed by the students (one form per family) and to be presented for each academic year to the Financial Aid Office before the deadline (see Academic Calendar).*

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| --- |
| **Academic year**: \_\_\_\_\_\_ / \_\_\_\_\_\_ |
| **Father's first name and last name:****Number of siblings studying at the same time at USEK:** |
| **Information about siblings currently studying at USEK** |
|  | **First Name**  | **ID** | **Faculty/School** | **Major** | **Level** | **Campus** |
| 1  |  |  |  |  |  | 🞎 KA 🞎 CK 🞎 RM 🞎 ZH |
| 2 |  |  |  |  |  | 🞎 KA 🞎 CK 🞎 RM 🞎 ZH |
| 3 |  |  |  |  |  | 🞎 KA 🞎 CK 🞎 RM 🞎 ZH |
| 4 |  |  |  |  |  | 🞎 KA 🞎 CK 🞎 RM 🞎 ZH |
| 5 |  |  |  |  |  | 🞎 KA 🞎 CK 🞎 RM 🞎 ZH |

**Documents to attach to the form:**

‐ Last transcript for students currently studying

‐ Recent family civil status extract