



Holy Spirit University of Kaslik

Financial Aid Office

Studies allocation request for members of the same family (Sibling)

Form to be completed by the students (one form per family) and to be presented for each academic year to the Financial Aid Office within the allotted deadline

Academic year : _____ / _____

Father's First name and Last name:

Number of siblings studying simultaneously at USEK:

Information about siblings studying simultaneously at USEK

	First Name	ID	Faculty/School	Major	Level	Campus
1						<input type="checkbox"/> KA <input type="checkbox"/> CK <input type="checkbox"/> RM <input type="checkbox"/> ZH
2						<input type="checkbox"/> KA <input type="checkbox"/> CK <input type="checkbox"/> RM <input type="checkbox"/> ZH
3						<input type="checkbox"/> KA <input type="checkbox"/> CK <input type="checkbox"/> RM <input type="checkbox"/> ZH
4						<input type="checkbox"/> KA <input type="checkbox"/> CK <input type="checkbox"/> RM <input type="checkbox"/> ZH
5						<input type="checkbox"/> KA <input type="checkbox"/> CK <input type="checkbox"/> RM <input type="checkbox"/> ZH

Documents to attach to the form:

- Last transcript for students currently studying
- Recent family civil status extract