



## Holy Spirit University of Kaslik Financial Aid Office

### Procedure to follow to submit a Financial Aid Application

- 1<sup>st</sup> step** : Connect to the USEK website <http://www.usek.edu.lb>, print out and fill in the financial aid application with the student's parents or tutor.
- 2<sup>nd</sup> step** : Prepare all required documents at the end of the application.
- 3<sup>rd</sup> step** : Once the previous steps are completed, Please contact the Financial Aid Office (FAO) on 09/600205-209, or on Teams : Rana Bou Sleiman From 8:00 am to 2:00 pm, to book an appointment with the respective social worker.
- 4<sup>th</sup> step** : Be on time for your appointment to submit the file and the required documents. (Please call in case of absence or lateness in arrival.)
- 5<sup>th</sup> step** : Following the interview, the student will receive an e-mail as proof of the file submission.

### P.S.

- Any financial aid will be refused if the file is not properly filled and/or if the required documents are incomplete.
- The Financial Aid Application is valid for one academic year only. A new application is required for each new academic year.
- The USEK FAO reserves the right to withdraw the allotted reductions in the following cases:
  - Falsification of the data provided by the student to the FAO;
  - Disciplinary measures taken against the student;
  - Probation situation of the student.
  - Enrollment in less than 12 credits for Bachelor students.
  - In case of cumulative discounts, the highest percentage will be applicable.
- Not eligible for Financial Aid Discount:
  - School of medicine and medical Sciences
  - Master of Business Administration - **Human Resources (Paris II)**
  - Master of Business Administration - **Management and International Affairs (HEC)**
  - Master of Business Administration - **Digital Management**
  - Master of Law in **International and Comparative Law**
  - Master of Law in **International Contracts**
  - Master's in law in **Business Law**
- **Discount applicable on tuition fees calculated on BDL rate:**
  - Master of Business Administration – **Audit**
  - Master of Business Administration - **Financial Engineering**



**Holy Spirit University of Kaslik  
Financial Aid Office**

**Financial Aid Application**

Student ID: | | | | | | | | | | | |

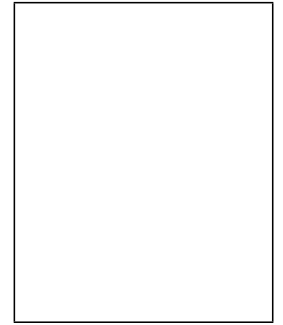
Academic Year: 20\_\_/20\_\_ Semester: \_\_\_\_\_

College: \_\_\_\_\_

Department: \_\_\_\_\_

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 LBP + Lollar + USD: \_\_\_\_\_

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: \_\_\_\_\_

Indemnity(LBP/USD): \_\_\_\_\_ Salary (LBP/USD): \_\_\_\_\_ Allowance(LBP/USD): \_\_\_\_\_

Does your father suffer from any 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 LBP + Lollar + USD: \_\_\_\_\_

Secondary employment: (If any)

Institution / Company: \_\_\_\_\_ Profession: \_\_\_\_\_

Work address: \_\_\_\_\_

Tel.: \_\_\_\_\_ Monthly income LBP + Lollar+ USD: \_\_\_\_\_

**Freelance** (add Appendix 2)

Type of work: \_\_\_\_\_ Monthly income LBP + Lollar + USD: \_\_\_\_\_

- 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: \_\_\_\_\_

Indemnity(LBP/USD): \_\_\_\_\_ Salary (LBP/USD): \_\_\_\_\_ Allowance (LBP/USD): \_\_\_\_\_

- 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 (LBP +Lollar +USD): \_\_\_\_\_

**Freelance** (add Appendix 2)

Type of work: \_\_\_\_\_ Average of monthly income (LBP + Lollar + USD): \_\_\_\_\_

- 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 LBP + USD	Level of Studies	Name of the Institution / Company	Position	Monthly Income (LBP + USD)
1.													
2.													
3.													
4.													
5.													
6.													
7.													
8.													
9.													
10.													

- 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

						Live(s) in the Same House		Professional Status		
Name and Surname	Kinship	Year of Birth	Civil Status	Health Status	Private Insurance or NSSF	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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## 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: \_\_\_\_\_

Indemnity(LBP/USD): \_\_\_\_\_ Salary (LBP/USD): \_\_\_\_\_ Allowance (LBP/USD) \_\_\_\_\_

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 – working institution)

Main employment:

Institution / Company: \_\_\_\_\_ Profession: \_\_\_\_\_

Work address: \_\_\_\_\_

Tel.: \_\_\_\_\_ Monthly income LBP + Lollar + USD: \_\_\_\_\_

Secondary employment (if any):

Institution / Company: \_\_\_\_\_ Profession: \_\_\_\_\_

Work address: \_\_\_\_\_

Tel.: \_\_\_\_\_ Monthly income LBP + Lollar + USD: \_\_\_\_\_

Freelance (add Appendix 2)

Type of main work: \_\_\_\_\_ Average of monthly income LBP + Lollar + USD: \_\_\_\_\_

Type of secondary work: \_\_\_\_\_ Average of monthly income LBP + Lollar + USD: \_\_\_\_\_

▪ 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. Kindly mention the currency. If income is not mentioned, the file will be considered **incomplete**.

### **VI-1 Annual family income**

**Amount per year (LBP + Lollar + USD)**

Salary of the father

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Salary of the mother

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Salary of the student

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Salary of the spouse - if the student is married

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Cumulative salary of the single brothers/sisters

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Other annual revenue (bonuses, commissions...)

Accumulated pension benefits (if applicable)

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Annual interest on savings

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Income of holdings:

Rental of holdings (buildings, land, shops...)

Seasonal harvest

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Other sources of revenue: (attach the supporting documents)

Family support

Aid from organizations or institutions (**USEK included**)

School or university grants

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**Total of annual revenue**

<b>LBP</b>
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<b>Lollar</b>
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<b>USD</b>
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**VI-2 Annual family expenses (for all family members)**

**Amount per year (LBP + Lollar + USD)**

**Housing expenses**

Parents (in case of rental or house loan)

\_\_\_\_\_

Student & siblings (in case of rental/ dorms)

\_\_\_\_\_

Taxes & municipality

\_\_\_\_\_

**General expenses**

Household expenses (Food, cloth...)

\_\_\_\_\_

Water

\_\_\_\_\_

Electricity (Generator and EDL)

\_\_\_\_\_

Phone (landline and mobile)

\_\_\_\_\_

Transportation (Car maintenance, insurance...)

\_\_\_\_\_

Medical expenses      Private insurance

\_\_\_\_\_

Non-reimbursed medical treatment

\_\_\_\_\_

School and university fees (student & siblings)

\_\_\_\_\_

\_\_\_\_\_

Helper fees (Housekeeper, driver...)

\_\_\_\_\_

Other expenses, please specify:

\_\_\_\_\_

**Total of annual expenses:**

\_\_\_\_\_ **LBP**

\_\_\_\_\_ **Lollar**

\_\_\_\_\_ **USD**

**VI-3 Family properties (attach the supporting documents)**

**Bank/ home savings**      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-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 Financial Aid 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 USEK 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, Appendix 2 or Appendix 3 depending on the case)
6. Statement of account
7. Medical report in case of disease, for all family members and/or persons that the family supports
8. Copy of the registration card of cars owned by the family صورة عن دفاتر السيارات
9. Legal justification of debts (Schedule)
10. Pension supporting documents (allowances, retirement pensions...)
11. Copies of real estate ownership certificates (شهادات القيد) صورة عن صكوك الملكية العقارية
12. Copy of lease (as lessor or lessee) (بصفة مؤجر أو مستأجر) صورة عن عقود الإيجار
13. Tuition certificate including annual tuition of studies and discounts for siblings still in school
14. Supporting legal documents in the event of legal issues (divorce, lawsuit, foreclosure, etc.)
15. 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/: \_\_\_\_\_



## Appendix 1 – Salary Certificate for Employees افادة عمل للموظف

This form must be completed by the employer (work institution) for each active member of the family and for each position. Kindly attach a pay slip or a statement of account.

Name of the student: \_\_\_\_\_ ID: \_\_\_\_\_

Name of the employee: \_\_\_\_\_

Relationship with student: \_\_\_\_\_

Position held: \_\_\_\_\_

	Amount in LBP	Amount in USD <input type="checkbox"/> Fresh <input type="checkbox"/> Check
Monthly basic salary		
Monthly family allowances		
Monthly transportation		
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 للمهن الحرّة

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

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: \_\_\_\_\_



### Appendix 3 – Certificate of Retirement أفادة تقاعد

This form must be completed by the employee and accompanied by an official copy of the retirement certificate showing indemnity received and a copy of the latest pay slip.

Name of the student: \_\_\_\_\_ ID: \_\_\_\_\_

Name of the institution: \_\_\_\_\_ Year of retirement: \_\_\_\_\_

Last Position held: \_\_\_\_\_

Source of indemnity:

- NSSF  
 Private Company  
 Employee Cooperative  
 Military Institution (LA/ ISF/ GS/ SS)

	Amount in LBP	Amount in USD <input type="checkbox"/> Fresh <input type="checkbox"/> Check
Indemnity received		
Monthly basic salary still cashing in		
School and university allowance still provided by the work institutions and/or civil servants' cooperative (please mention aids for each person/child separately and specify their name)		
1.		
2.		
3.		
4.		
5.		

I certify that the above information and amounts are accurate.

Date: \_\_\_\_\_

Signature of the employee: \_\_\_\_\_