



Holy Spirit University of Kaslik Financial Aid Application (FAA)

Procedure to follow:

- Step 1 :** Print out and complete the financial aid application with the student's parents or tutor.
- Step 2 :** Provide all documents.
- Step 3 :** Once steps 1 & 2 completed, contact the Financial Aid Office (FAO) on 09/600205-209 or on Teams: Rana Bou Sleiman from 8:00 a.m. to 2:00 p.m. to book an appointment with Show up respective social worker.
- Step 4 :** Show up on time for your appointment to submit the application and the relevant documents. (Please call, in case of absence or lateness in arrival.)
- Step 5 :** Following the interview, the student will receive an e-mail confirming receipt of the application, informing that the file is accepted or needs to be reviewed.

P.S.

- The application will be rejected if not properly filed and/or if the required documents are incomplete.
- The Application is valid for one academic year only. A new application is required for each new academic year.
- The Financial Aid team reserves the right to withdraw the allotted reductions in the following cases:
 - Falsification of the data provided by the student;
 - Disciplinary measures taken against the student;
 - Student under probation;
 - Enrollment in less than 12 credits for Bachelor students.
 - In case of cumulative discounts, the highest percentage applies.
- Ineligible 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 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 Application (FAA)

USEK ID: | | | | | | | | | | | |

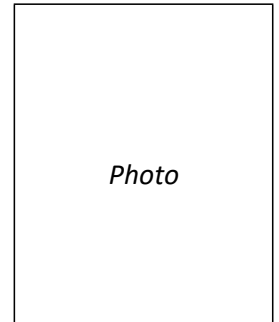
Academic Year: 20 ____ / 20 ____

Faculty: _____

Major: _____

Level of Studies: Undergraduate Graduate Post-graduate

Campus of: Kaslik Chekka Rmeich Zahle



I- STUDENT'S PERSONAL INFORMATION

Name and Surname: _____ Father's Name: _____

Gender: F M Place and Date of Birth: _____

Marital status: Single Married Separated Divorced Widow(er) Remarried

Do you have any health problems? No Yes, please explain _____

I-1 Home address

Father's Mobile phone: _____ Mother's Mobile phone: _____

Student's Mobile phone: _____

I-2 Student's current address

Parents' residence USEK Residence Dorm or rented apartment

Personal E-mail: _____@_____

Student's E-mail: _____@net.usek.edu.lb

I-3 Last attended school/ university

Institution name: _____ Academic year: 20 ____ / 20 ____

I-4 Professional status

Are you working or do you have a profession?

No, Why? _____

Yes, please explain: (add Appendix 1)

Work address: _____ 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: ____/____/____

Marital status: Married Separated Divorced Widower Remarried

Deceased: year and cause of death: _____

Previous work: _____

Monthly allowance still cashed by the family: _____

▪ Does your father suffer from health problems?

No Yes, please explain _____

▪ **Level of studies:** Primary school Elementary school Secondary school University

Other _____

Current professional status:

Unemployed, state the causes: _____

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

Main job:

Institution / Company: _____ Profession: _____

Work address: _____ Tel: _____

Monthly income LBP + Lollar + USD: _____

School/ university allowance received from work (LBP + Lollar + USD): _____

Secondary job: (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 documents and fill Appendix 3):

No Yes, state the reason: _____

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

Perceived indemnities: _____ Monthly retirement allowance amount: _____

School/ university allowance received from work (LBP + Lollar + USD): _____

II-2 Information about the mother

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

Marital status: Married Separated Divorced Widow Remarried

Deceased: year and cause of death: _____

Previous work: _____

Monthly allowance still cashed by the family: _____

- Does your mother suffer from health problems?

No Yes, please explain _____

- Level of studies:** Primary school Elementary school Secondary school University

Other _____

Current professional status:

Unemployed, state the causes: _____

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

Institution / Company: _____ Profession: _____

Work address: _____ Tel: _____

Monthly income LBP + Lollar + USD: _____

School/ university allowance received from work (LBP + Lollar + USD): _____

Freelance (add Appendix 2)

Type of work: _____ Monthly income LBP + Lollar + USD: _____

Type of 2nd work: _____ Monthly income LBP + Lollar + USD: _____

- Is your mother retired? (Attach supporting documents and fill Appendix 3):

No Yes, state the reason: _____

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

Perceived indemnities: _____ Monthly retirement allowance amount: _____

School/ university allowance received from work (LBP + Lollar + USD): _____

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

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

Kinship to the student: _____

Marital status: Single Married Separated Divorced Widower Remarried

Professional situation:

Employed Freelance

Institution/ Company: _____ Profession: _____

Unemployed, reason: _____

What is the frequency and nature of the allotted aid? _____

III- INFORMATION ABOUT SIBLINGS (single and married)

					Lives in the Same House		Currently Studying			Currently Working			
Name	Kinship	Year of Birth	Civil Status	Health Status	Yes	No (Details)	Name of School or University (if USEK, mention the ID nb.)	Class or Year of Studies	Annual 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:

IV- PERSONS SUPPORTED BY THE FAMILY (Other than the siblings)

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

P.S.: Attach a medical report in case of sickness.

Remarks:

V- MARRIED STUDENT

V-1 Information about the spouse:

Name and surname: _____ Place and Date of Birth: _____

Marital status: Married Separated Divorced Remarried

Deceased: year and cause of death: _____

Previous work: _____

Monthly allowance still cashed by the family: _____

▪ Does your spouse suffer from health problems?

No Yes, please explain _____

▪ **Level of studies:** Primary school Elementary school Secondary school University

Other _____

Current professional status:

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 spouse retired? (Attach supporting documents and fill Appendix 3):

No Yes, state the reason: _____

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

Salary of the father	_____	LBP
	_____	Lollar
	_____	USD
Salary of the Mother	_____	LBP
	_____	Lollar
	_____	USD
Salary of the Student	_____	LBP
	_____	Lollar
	_____	USD
Salary of the spouse- if the student is married	_____	LBP
	_____	Lollar
	_____	USD
Cumulative salary of the single brothers/sisters	_____	LBP
	_____	Lollar
	_____	USD
Other annual revenue (bonuses, commissions, withdrawal from savings...)	_____	LBP
	_____	Lollar
	_____	USD
Income from holdings		
Rental of holdings (buildings, land, shops...)	_____	USD
Seasonal harvest	_____	USD
Family support	_____	LBP
	_____	USD
Aid from organizations or institutions	_____	LBP
	_____	USD
School or university grants (USEK included)	_____	LBP
	_____	USD
Aid from organizations or institutions	_____	LBP
	_____	USD
Total of annual revenue	_____	LBP
	_____	Lollar
	_____	USD

VI-2 Annual family expenses (for all family members)

Amount per year

General expenses

Household expenses (Food, cloth...)	_____	Lollar
	_____	USD
Water	_____	LBP
	_____	USD
Electricity (Generator & EDL)	_____	LBP
	_____	USD
Phone (Landline, mobile) & Internet	_____	LBP
	_____	USD
Transportation (Car maintenance, insurance, taxes, gasoline...)	_____	LBP
	_____	USD
House/ dorm rental	_____	LBP
	_____	USD
Loan/ debts payments	_____	LBP
	_____	USD
Medical expenses		
Private insurance	_____	USD
Non-covered medical treatments	_____	USD
School and university fees (Student & siblings)	_____	LBP
	_____	USD
Other expenses, please specify:	_____	LBP
	_____	USD
Total of annual expenses	_____	LBP
	_____	USD

VI-3 Family properties (Attach supporting documents)

Bank/ home savings Amount in LBP _____ Annual interest in LBP _____
 Amount in \$ _____ Annual interest in \$ _____
 Amount in € _____ Annual interest in € _____

Apartments 1. Region _____ Surface _____
 2. Region _____ Surface _____

Land 1. Region _____ Surface _____
 2. Region _____ Surface _____

Buildings 1. Region _____ Number of floors _____
 2. Region _____ Number of floors _____

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/ loans (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
_____ / _____	_____ / _____	_____ / _____	_____ / _____
_____ / _____	_____ / _____	_____ / _____	_____ / _____
_____ / _____	_____ / _____	_____ / _____	_____ / _____

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

VIII- The student is asked to estimate, as a percentage, the aid he/she considers adequate to meet needs:

N.B: The final decision will be taken by the Review Committee of the USEK Financial Aid Office.

Documents to attach:

1. Passport photo صورة شمسية
2. Copy of the family status record (recent) صورة عن إخراج قيد عائلي
3. Copy of the USEK student ID
4. Certificates of employment & salary for all family members: parents and unmarried sibling(s), depending on the case:
 - a. Appendix 1: Salary certificate for employees + attached documents
 - b. Appendix 2: Statement of revenue independent professions + attached documents
 - c. Appendix 3: Certificate of retirement + attached documents
5. Medical report in case of disease, for all family members and/or persons supported by the family
6. Copy of the registration card of cars owned by the family صورة عن دفاتر السيارات
7. Legal justification of debts (Schedule)
8. Copies of real estate ownership certificates (شهادات القيد) صورة عن صكوك الملكية العقارية
9. Copy of lease (as lessor or lessee) (بصفة مؤجر أو مستأجر) صورة عن عقود الإيجار
10. Tuition certificate including annual **tuition of studies and discounts** for siblings still in school
11. Supporting legal documents in the event of legal issues (divorce, lawsuit, foreclosure, etc.)
12. Schooling and university allowance granted by the concerned authorities (Parents work...)

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 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 revenues		
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 تجاري) 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: _____