**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:** Upon completion of steps 1 & 2, please contact the Financial Aid Office (FAO) on 09/600205-209 or walk in to book an appointment with the respective social worker.

- Front desk agent: Rana Bou Sleiman
- Opening hours: Monday to Friday from 8:00 a.m. to 4:00 p.m.

**Step 4:** It is important to show up on time for your appointment and take notice of the below policy:

"No Call/No Show" (NCNS) and “Late Cancellation” of your appointment are both considered inappropriate behaviour. In case of absence, it is mandatory to contact the FAO or send an email to fao@usek.edu.lb at least (2) two days before the scheduled appointment. The agent will reschedule it for a later date. **Appeal:** Any student who assumes being mistakenly identified as an NCNS or “Late Cancellation” may request an individual review of his/her case by the Director of the Financial Aid Office.

**Step 5:** Following the interview, the student will receive an e-mail confirming receipt of the application, and of the acceptance/need for review of the file.

**P.S.**

- The application will be rejected if not properly filled out 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 were taken against the student.
  - Student under probation.
  - In the case of cumulative discounts, the FAO sets the amount of the global reduction.

- Dual Degree Programs ineligible for Financial Aid Discount:
  - MBA in Management and International Affairs in collaboration with HEC Montreal.
  - MBA in Human resources in collaboration with Paris II.
  - e-MBA Digital Management in collaboration with ESSCA.
  - MBA in Financial Engineering.
  - MBA in Audit.
  - BA in International Hospitality and Tourism Management in collaboration with Le Cordon Bleu.
  - Master II in Business at the USEK Faculty of Law, in partnership with the Faculty of Law of the Université de Poitiers.
  - Masters in international Contracts at the USEK Faculty of Law, in partnership with the Faculty of Law of Montpellier I University.
  - Master of Science in Cybersecurity and Cyber defense in Collaboration with Université Bretagne Sud.
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            □ Zahle

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

   Secondary job: (If any)
   Institution / Company: ____________________________ Profession: ____________________________
   Work address: __________________________________ Tel: ____________________________
   Monthly income LBP + USD: ____________________________

☐ Freelance (add Appendix 2)
   Type of work: ____________________________ Monthly income LBP + 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 + 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 + USD: ______________________

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

□ Freelance (add Appendix 2)

Type of work: ______________________ Monthly income LBP + USD: ______________________

Type of 2nd work: ______________________ Monthly income LBP + 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 + 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)

<table>
<thead>
<tr>
<th>Name</th>
<th>Kinship</th>
<th>Year of Birth</th>
<th>Civil Status</th>
<th>Health Status</th>
<th>Lives in the Same House</th>
<th>Currently Studying</th>
<th>Currently Working</th>
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<tbody>
<tr>
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<td>Yes / No (Details)</td>
<td>Name of School or University (if USEK, mention the ID nb.)</td>
<td>Class or Year of Studies</td>
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</tbody>
</table>

**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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Financial Aid Office
fao@usek.edu.lb | T +961 9 600 205 | P.O. Box 446 | Jounieh | Lebanon
usek.edu.lb

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Last update August 2023
### IV- PERSONS SUPPORTED BY THE FAMILY (Other than the siblings)

<table>
<thead>
<tr>
<th>Name and Surname</th>
<th>Kinship</th>
<th>Year of Birth</th>
<th>Civil Status</th>
<th>Health Status</th>
<th>Lives in the Same House</th>
<th>Professional Status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
<td>Yes</td>
<td>No (Details)</td>
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</table>

**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 + USD: ____________________________
  Secondary employment (if any):
  Institution / Company: ____________________________ Profession: ____________________________
  Work address: ____________________________
  Tel.: ____________________________ Monthly income LBP + USD: ____________________________

☐ Freelance (add Appendix 2)
  Type of work: ____________________________ Monthly income LBP + 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)

<table>
<thead>
<tr>
<th>Surname</th>
<th>Year of Birth</th>
<th>School/University</th>
<th>Class</th>
<th>Tuition fees</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount per year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salary of the father</td>
<td>LBP</td>
</tr>
<tr>
<td></td>
<td>USD</td>
</tr>
<tr>
<td>Salary of the Mother</td>
<td>LBP</td>
</tr>
<tr>
<td></td>
<td>USD</td>
</tr>
<tr>
<td>Salary of the Student</td>
<td>LBP</td>
</tr>
<tr>
<td></td>
<td>USD</td>
</tr>
<tr>
<td>Salary of the spouse- if the student is married</td>
<td>LBP</td>
</tr>
<tr>
<td></td>
<td>USD</td>
</tr>
<tr>
<td>Cumulative salary of the single brothers/sisters</td>
<td>LBP</td>
</tr>
<tr>
<td></td>
<td>USD</td>
</tr>
<tr>
<td>Other annual revenue (bonuses, commissions, withdrawal from savings...)</td>
<td>LBP</td>
</tr>
<tr>
<td></td>
<td>USD</td>
</tr>
<tr>
<td><strong>Income from holdings</strong></td>
<td></td>
</tr>
<tr>
<td>Rental of holdings (buildings, land, shops...)</td>
<td>USD</td>
</tr>
<tr>
<td>Seasonal harvest</td>
<td>USD</td>
</tr>
<tr>
<td>Family support</td>
<td>LBP</td>
</tr>
<tr>
<td></td>
<td>USD</td>
</tr>
<tr>
<td>Aid from organizations or institutions</td>
<td>LBP</td>
</tr>
<tr>
<td></td>
<td>USD</td>
</tr>
<tr>
<td>School or university grants <strong>(USEK included)</strong></td>
<td>LBP</td>
</tr>
<tr>
<td></td>
<td>USD</td>
</tr>
<tr>
<td>Aid from organizations or institutions</td>
<td>LBP</td>
</tr>
<tr>
<td></td>
<td>USD</td>
</tr>
<tr>
<td><strong>Total of annual revenue</strong></td>
<td>LBP</td>
</tr>
<tr>
<td></td>
<td>USD</td>
</tr>
</tbody>
</table>
### VI-2 Annual family expenses (for all family members)

<table>
<thead>
<tr>
<th>Expenses</th>
<th>Amount per year</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>General expenses</strong></td>
<td></td>
</tr>
<tr>
<td>Household expenses (Food, cloth...)</td>
<td>LBP</td>
</tr>
<tr>
<td>Water</td>
<td>LBP</td>
</tr>
<tr>
<td>Electricity (Generator &amp; EDL)</td>
<td>LBP</td>
</tr>
<tr>
<td>Phone (Landline, mobile) &amp; Internet</td>
<td>LBP</td>
</tr>
<tr>
<td>Transportation (Car maintenance, insurance, taxes, gasoline...)</td>
<td>LBP</td>
</tr>
<tr>
<td>House/dorm rental</td>
<td>LBP</td>
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<tr>
<td>Loan/debts payments</td>
<td>LBP</td>
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<tr>
<td><strong>Medical expenses</strong></td>
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<tr>
<td>Private insurance</td>
<td>USD</td>
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<tr>
<td>Non-covered medical treatments</td>
<td>USD</td>
</tr>
<tr>
<td><strong>School and university fees (Student &amp; siblings)</strong></td>
<td>LBP</td>
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<tr>
<td>Other expenses, please specify:</td>
<td>LBP</td>
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<tr>
<td><strong>Total of annual expenses</strong></td>
<td>LBP</td>
</tr>
</tbody>
</table>
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)

<table>
<thead>
<tr>
<th>Total amount of loan</th>
<th>Number of instalments</th>
<th>Monthly amount</th>
<th>Beginning</th>
<th>End</th>
<th>Source of loan</th>
<th>Reason</th>
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</tbody>
</table>

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
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
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 عائل
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) صورة عن عقود الإيجار (بصفة مؤجر أو مستأجر)
8. Copies of real estate ownership certificates صورة عن صكوك الملكية العقارية (شهادات القيمة)
9. Copy of lease (as lessor or lessee) صورة عن عقود الإيجار (بصفة مؤجر أو مستأجر)
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

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.

<table>
<thead>
<tr>
<th></th>
<th>Amount in LBP</th>
<th>Amount in USD</th>
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<tbody>
<tr>
<td>Monthly basic salary</td>
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<td>Monthly family allowances</td>
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<td>Monthly transportation</td>
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<td>Annual bonus</td>
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<td>Annual commission</td>
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<td>Other annual revenues</td>
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<td>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)</td>
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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 atax return on income presented to the Ministry of Finance (ضربيه دخل).

Name of the student: ______________________ ID: ____________________

Last name, first name: ______________________

Relationship to the student: ______________________

Occupied position: ______________________

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

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)

<table>
<thead>
<tr>
<th></th>
<th>Amount in LBP</th>
<th>Amount in USD</th>
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<tbody>
<tr>
<td>Indemnity received</td>
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<td></td>
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<tr>
<td>Monthly basic salary still cashing in</td>
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<tr>
<td>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)</td>
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<td>1.</td>
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I certify that the above information and amounts are accurate.

Date: __________________ Signature of the employee: __________________