



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 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 on probation (Unless 1st semester after change of program)
 - In the case of cumulative discounts, the FAO sets the amount of the global reduction.
- Dual Degree Programs ineligible for Financial Aid Discount:
 - e-MBA Digital Management in collaboration with ESSCA.
 - MBA in Financial Engineering.
 - MBA in Audit.
 - 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.

What is the “Give Back to Community Program”?

The “Give Back to Community Program” is an opportunity for students like you to make a positive impact on your campus community while also benefiting in return from an optimal discount on your tuition fees. Let’s break it down:

1. How It Works:

- You’ll dedicate a few hours of your week, month, or semester to contribute to various activities on campus.
- These activities could include helping in administrative offices, assisting with school events, or participating in departmental projects.

2. What You Get:

- In exchange for your valuable time and effort, you’ll receive the “give back to community” discount.
- It’s like a win-win situation: you give back to your community, and your tuition becomes a little more affordable.

3. Important Points to Remember:

- Voluntary Participation: Your involvement in this program is entirely voluntary. You choose whether to participate based on your availability and interest.
- Job Availability: The program depends on available positions within administrative units, schools, and departments. So, keep an eye out for opportunities!
- Sharing Your Name: Once you apply for financial aid, your name will be shared with the CSO Careers Services Office. They’ll reach out to you and provide all the necessary details.

We encourage you to explore this opportunity and make a positive impact on your community!

Important note

The University reserves the right to verify, authenticate, and investigate any information submitted as part of the financial aid application process. By submitting your application, you provide explicit consent to the University to use any necessary means, including but not limited to contacting relevant institutions, verifying documents, and conducting inquiries to validate the accuracy and authenticity of the information provided. This may involve reaching out to educational institutions, governmental agencies, or any other sources deemed appropriate.

This process ensures the integrity of our financial aid operations and assists in the fair and equitable distribution of available funds. Rest assured, all information obtained during this verification process will be handled with utmost confidentiality and in accordance with applicable privacy laws and university policies."

Having carefully reviewed and comprehended the clauses pertaining to the university's procedures and eligibility criteria for financial aid, investigation rights, non-binding appeals and the nature of the Give Back to Community Program, I hereby acknowledge and consent to all the terms and conditions outlined within.

Student Name:.....

Student signature:.....



Holy Spirit University of Kaslik Financial Aid Application (FAA)

USEK ID: _____

Academic Year: 20____/ 20____

Faculty: _____

Major: _____

Level of Studies: Undergraduate Graduate Post-graduate

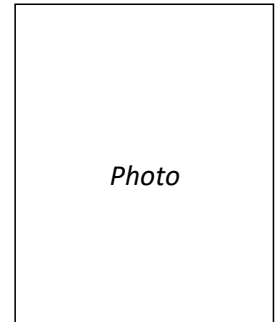
Campus of: Kaslik Chekka Zahle

Brother or Sister simultaneously registered at USEK:

Name: _____

Sibling's USEK ID: _____

Faculty: _____



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 _____

*Medical Coverage: NSSF Insurance Company Name: _____ None

Army: _____ Coop: _____

I-1 Home address Owned Rented Other

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 _____

*Medical Coverage: NSSF Insurance Company Name: _____ None

Army: _____ Coop: _____

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

Other _____

Current professional status:

Unemployed, state the causes: _____

Employed (Attach supporting documents or fill Appendix 1)

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 (Attach supporting documents or fill Appendix 2)

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

Retired (Attach supporting documents or fill Appendix 3):

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: ____/____/____

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 _____

*Medical Coverage: NSSF Insurance Company Name: _____ None

Army: _____ Coop: _____

▪ Level of studies: Primary school Elementary school Secondary school University
 Other _____

Current professional status:

Unemployed, state the causes: _____

Employed (Attach supporting documents or fill Appendix 1)

Institution / Company: _____ Profession: _____

Work address: _____ Tel: _____

Monthly income LBP + USD: _____

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

Freelance (Attach supporting documents or fill Appendix 2)

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

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

Retired (Attach supporting documents and fill Appendix 3):

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

Perceived indemnities: _____ Monthly retirement allowance amount: _____

II-3 Other person / Institution helping the family (If any)

• Name: _____

Kinship to the student: _____

Money: Amount & Frequency: _____

Food & Supplies: _____

School / University tuition fees: Amount & Frequency: _____

• Institution name: _____ Institution contact number: _____

Money: Amount & Frequency: _____

Food & Supplies: _____

School / University tuition fees: Amount & Frequency: _____

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 for current students | Annual tuition fees LBP + USD | Level of Studies & year of graduation (for graduated sibling) | 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 TAKEN CARE OF BY THE FAMILY (Other than the siblings)

| | | | | Lives in the Same House | | |
|------------------|---------|--------------|---------------|---------------------------|-----|--------------|
| Name and Surname | Kinship | Civil Status | Health Status | Private Insurance or NSSF | Yes | No (Details) |
| 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 (Attach supporting documents or fill Appendix 1)

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 (Attach supporting documents or fill Appendix 2)

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

Retired (Attach supporting documents or fill Appendix 3):

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- ANNUAL 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**.

N.B: Any significant difference between income and expenses must be justified

| Annual Family Income | | Annual Family expenses | |
|---|------------|---|------------|
| Income of the father | LBP | Household expenses (Food, clothes...) | LBP |
| | USD | | USD |
| Income of the Mother | LBP | Water | LBP |
| | USD | | USD |
| Income of the Student | LBP | Electricity (Generator & EDL) | LBP |
| | USD | | USD |
| Income of the spouse- if the student is married | LBP | Phone (Landline, mobile) & Internet | LBP |
| | USD | | USD |
| Cumulative income of the single brothers/sisters | LBP | Transportation (Car maintenance, insurance, taxes...) | LBP |
| | USD | | USD |
| Other annual revenue (bonuses, commissions, withdrawal from savings...) | LBP | House/ dorm rental | LBP |
| | USD | | USD |
| Income from holdings | | Medical expenses | LBP |
| Rental of holdings (buildings, land, shops...) | USD | Private insurance | USD |
| Seasonal harvest | USD | Non-covered medical treatments | |
| Family support | LBP | Loan/ debts payments | USD |
| | USD | | |
| Aid from organizations or institutions | LBP | School and university fees (student & Siblings) | LBP |
| | USD | | USD |
| School or university discounts (USEK included) | LBP | Other expenses, please specify: | LBP |
| | USD | | USD |
| School and university allowance perceived from parent's work. | LBP | | |
| | USD | | |
| Total of annual revenue | LBP | Total of annual expenses | LBP |
| | USD | | 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 € _____

**Owned Apartments/
 Detached House** 1. Region _____ Surface _____
 2. Region _____ Surface _____

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

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

Owned 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 / debts | Number of instalments | Monthly amount | Beginning | End | Source of loan | Reason |
|------------------------------|-----------------------|----------------|-----------|-----|----------------|--------|
| | | | | | | |
| | | | | | | |

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 اخراج 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 or Salary certificate for employees (containing same information as Appendix 1)
 - b. Appendix 2 or Statement of revenue for independent professions (containing same information as Appendix 2)
 - c. Appendix 3 or Certificate of retirement (containing same information as Appendix 3)
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) صورة عن عقود الايجار (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.

Please use the space below for any additional information that will assist the Financial Aid Committee in assessing your need:

- We certify that the information provided in this application is complete and accurate. We further understand that misrepresentations or material omissions made in this application render us legally and morally liable.
- We authorize the University to verify the authenticity of the presented documents and/or information.
- We further undertake to inform the University of any change as soon as it happens if it affects our social/financial status.
- We understand that the University reserves the right to reject the application if it is not completely filled and/or if the required documents are incomplete.
- We understand that the University reserves the right to withdraw the allotted discounts in the following cases:
 - Falsification of the data provided to the Social Service Office.
 - Disciplinary measures taken against the student.
 - Probation situation of the student.
- We understand that if we benefit from multiple discounts, the Financial Aid Office defines the amount of the global reduction (cumulative percentages), based on our socio-economic situation.
- Give Back to Community.

Issued on: _____

Student's signature (s): _____

Signature of parents/guardians: _____



Appendix 1 – Salary Certificate for Employees أفادة 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 الحرة

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 افادة 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: _____