



**Holy Spirit University of Kaslik**  
**Financial Aid Procedure and Application**  
**(Spring Semester 2024-2025)**

**Financial Aid Procedure**

**Step 1** : Print out and complete the Financial Aid Application with the student's parents or tutor.

**Step 2** : Provide all the required documents.

**Step 3** : Upon completion of Steps 1 and 2, please contact the Financial Aid Office (FAO) on +961 9 600 205/209 or walk in to book an appointment with the respective social worker.  
Opening hours: Mondays to Fridays, from 8:00 a.m. to 4:00 p.m.

**Step 4** : It is important to show up on time for your appointment, taking notice of the reminder below:

*"No Call/No Show" (NCNS) and "Late Cancellation" of appointments are inappropriate. If you cannot attend, contact the FAO by phone or email at [fao@usek.edu.lb](mailto:fao@usek.edu.lb) at least two days before your appointment to reschedule.*

**Step 5** : Following the interview, the student will receive an e-mail confirming receipt of their application and informing them of their file status (acceptance or need for review).

**Failure to Comply and Eligibility Exceptions:**

- Applications will be rejected if not properly filled out or if the required documents are incomplete.
- For cumulative discounts, the FAO sets the overall reduction amount.
- Students enrolled in continuing education courses are not eligible for financial aid.
- Students enrolled in postgraduate programs are not eligible for financial aid.
- Financial aid does not cover the Summer Session.
- Students enrolled in the following dual degree programs are NOT eligible for financial aid:
  - e-MBA Digital Management in collaboration with ESSCA.
  - Master of Laws in Business Law at the USEK School of Law and Political Sciences, in partnership with the Faculty of Law of the *Université de Poitiers*.
  - Master of Laws in International Contracts at the USEK School of Law and Political Sciences, in partnership with the Faculty of Law of the Montpellier I University.
  - Master of Science in Cybersecurity and Cyberdefence in collaboration with the *Université Bretagne-Sud*.

**The “Give Back to Community” Program**

The “Give Back to Community” Program allows students to positively impact their campus community while receiving a tuition discount.

**1. How It Works:**

- Dedicate a few hours weekly, monthly, or per semester to campus activities, including helping in administrative offices, assisting with events, or participating in department-related projects.

**2. What You Get:**

- Benefit from a tuition discount in exchange for your time and effort. In this win-win program, you can contribute to your community and reduce your tuition costs.

**3. Key Points:**

- **Voluntary Participation:** Choose to participate based on your availability and interest.
- **Job Availability:** Opportunities depend on available positions within administrative units, academic units, and departments.
- **Sharing Your Name:** After applying for financial aid, your name will be shared with the Career Services Office (CSO), which will provide you with further details.

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

**Investigation Rights and Confidentiality**

The University reserves the right to verify and investigate any information submitted in the Financial Aid Application. By applying, you consent to the University using necessary means, including contacting institutions and verifying documents, to ensure accuracy and authenticity.

This process maintains the integrity of our financial aid operations and ensures fair distribution of funds. All information will be handled confidentially and in accordance with privacy laws and University policies.

*I hereby acknowledge and consent to the terms and conditions regarding financial aid procedures, investigation rights, and the Give Back to Community Program.*

*Student’s Name:.....*

*Student’s Signature:.....*



**Holy Spirit University of Kaslik**  
**Financial Aid Application**  
**Spring Semester 2024-2025**

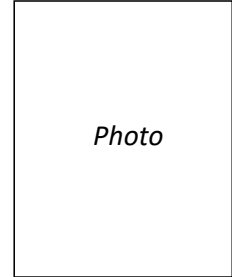
USEK ID: \_\_\_\_\_

Name and Surname: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Academic Unit: \_\_\_\_\_ Major: \_\_\_\_\_

Level of Studies:  Undergraduate  Graduate

Campus:  Kaslik  Zahle



Are any of your siblings also currently enrolled at USEK?  No  Yes, please specify:

Name: \_\_\_\_\_ Major: \_\_\_\_\_ Sibling's USEK ID: \_\_\_\_\_

Name: \_\_\_\_\_ Major: \_\_\_\_\_ Sibling's USEK ID: \_\_\_\_\_

**I – STUDENT'S PERSONAL INFORMATION**

Place and date of birth: \_\_\_\_\_ Gender:  F  M

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

Do you have any health conditions?  No  Yes, please specify: \_\_\_\_\_

**Medical Coverage**

NSSF  Private insurance (company name): \_\_\_\_\_  Military (LA, ISF, GS, SS, LC)

COOP: \_\_\_\_\_  None

**I-1 Home Address/Type**  Owned  Rented – Monthly rent: \_\_\_\_\_ USD  Other

\_\_\_\_\_  
\_\_\_\_\_

Father's mobile number: \_\_\_\_\_ Mother's mobile number: \_\_\_\_\_

Student's mobile number: \_\_\_\_\_

**I-2 Student's Current Address:**

Do you stay with your parents while you are in university?  Yes  No, specify:

USEK Residence – Monthly rent: \_\_\_\_\_ USD

Dorm or rented apartment – Monthly rent: \_\_\_\_\_ USD

Extended family

Personal Email: \_\_\_\_\_@\_\_\_\_\_

Student Email: \_\_\_\_\_@net.usek.edu.lb

**I-3 Last Attended School/University**

Institution: \_\_\_\_\_ Academic year: 20\_\_\_\_\_/20\_\_\_\_\_

#### I-4 Professional Status

What is your employment status?

- I don't have any  
 I work only during the summer       Part-time work       Full-time work

Institution/Company: \_\_\_\_\_ Position held: \_\_\_\_\_

Working days per month: \_\_\_\_\_ Number of hours per day: \_\_\_\_\_

Monthly income: \_\_\_\_\_ USD

## II – INFORMATION ABOUT THE PARENTS

All LBP amounts must be converted to USD as per the market rate

### II-1 Information about the student's 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 (if any): \_\_\_\_\_ USD

- Does your father suffer from health conditions?

No       Yes, please specify: \_\_\_\_\_

#### Medical coverage:

NSSF     Private insurance (company name): \_\_\_\_\_     Military (LA, ISF, GS, SS, LC)

COOP: \_\_\_\_\_     None

- What is your father's level of studies?

Elementary school     Secondary school     University     Technical studies     None

- What is your father's current occupation? (You may select multiple options)

Unemployed, state the causes: \_\_\_\_\_

Employed (Attach supporting documents or fill Appendix 1)

#### Main job:

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

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

Monthly income: \_\_\_\_\_ USD

School/University allowance received from work (if any): \_\_\_\_\_ USD

#### Secondary job (if any):

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

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

Monthly income: \_\_\_\_\_ USD

Freelance (Attach supporting documents or fill Appendix 2)

Type of work: \_\_\_\_\_ Monthly income: \_  
\_\_\_\_\_ USD

Retired (Attach supporting documents or fill Appendix 3)

Year of retirement: \_\_\_\_\_ Institution/Company: \_\_\_\_\_

Position and/or rank: \_\_\_\_\_ Perceived indemnities: \_\_\_\_\_

Monthly retirement allowance amount in USD: \_\_\_\_\_

**II-2 Information about the student's 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 (if any): \_\_\_\_\_ USD

▪ Does your mother suffer from health conditions?

No  Yes, please specify: \_\_\_\_\_

▪ **Medical coverage:**

NSSF  Private insurance (company name): \_\_\_\_\_  Military (LA, ISF, GS, SS, LC)

COOP: \_\_\_\_\_  None

▪ **What is your mother's level of studies?**

Elementary school  Secondary school  University  Technical studies  None

**What is your mother's current occupation? (You may select multiple options)**

**Unemployed**, state the causes: \_\_\_\_\_

**Employed** (Attach supporting documents or fill Appendix 1)

**Main job:**

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

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

Monthly income in USD: \_\_\_\_\_

School/University allowance received from work (if any): \_\_\_\_\_ USD

**Freelance** (Attach supporting documents or fill Appendix 2)

**Retired** (Attach supporting documents and fill Appendix 3):

Year of retirement: \_\_\_\_\_ Institution: \_\_\_\_\_ Position and/or rank: \_\_\_\_\_

Perceived indemnities: \_\_\_\_\_ Monthly retirement allowance amount: \_\_\_\_\_ USD

**II-3 Other person/institution helping the family (if any)**

Is your family receiving support from any institution, NGO, or individual?  No  Yes, please specify:

**Person**

▪ Name: \_\_\_\_\_

▪ Relationship to the student: \_\_\_\_\_

▪ Type of support:

Money:  
Amount: \_\_\_\_\_ USD Frequency: \_\_\_\_\_

Food and supplies

School/University tuition fees:  
Amount: \_\_\_\_\_ USD Frequency: \_\_\_\_\_

**Institution/NGO**

▪ Institution name: \_\_\_\_\_

Contact number: \_\_\_\_\_

▪ Type of support:

Money:  
Amount: \_\_\_\_\_ USD Frequency: \_\_\_\_\_

Food and supplies

School/University tuition fees:  
Amount: \_\_\_\_\_ USD Frequency: \_\_\_\_\_

**III – INFORMATION ABOUT SIBLINGS (single and married)**  
**All LBP amounts must be converted to USD as per the market rate**

					Living in the Same House		Currently Studying			Currently Working			
Name	Brother/Sister	Year of Birth	Civil Status	Health Conditions	Yes	No (Details)	Name of School or University (if USEK, mention their student ID)	Class or Year of Studies	Annual Tuition (USD)	Level of Studies and Year of Graduation (for graduated siblings)	Institution/Company	Position	Monthly Income (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 (fill Appendix 1 or Appendix 2 as needed).  
 - Attach a school certificate mentioning the annual tuition fees and deductions for siblings within the same school.  
 - Attach a medical report in case of sickness.

**Remarks:**

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## IV – PERSONS TAKEN CARE OF BY THE FAMILY

(Other than siblings)

				Living in the Same House		
Name and Surname	Kinship	Civil Status	Health Status	Private Insurance/ Army/ NSSF/COOP	Yes	No (Details)
1.						
2.						
3.						
4.						

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

**Remarks:**

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## V – INFORMATION ABOUT THE SPOUSE

(For married students or remarried parents)

All LBP amounts should be converted to USD as per market rate

### V-1 Information about the spouse:

Name and surname: \_\_\_\_\_ Place and 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 (if any): \_\_\_\_\_ USD

- Does your spouse suffer from health conditions?

No  Yes, please specify: \_\_\_\_\_

- Spouse's Medical coverage:**

NSSF  Private insurance (company name): \_\_\_\_\_  Military (LA, ISF, GS, SS, LC)

COOP: \_\_\_\_\_  None

- What is your spouse's level of studies?**

Elementary school  Secondary school  University  Technical studies  None

### What is your spouse's current occupation? (You may select multiple options)

**Unemployed**, state the causes: \_\_\_\_\_

**Employed** (Attach supporting documents or fill Appendix 1)

**Main employment:**

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

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

Phone: \_\_\_\_\_ Monthly income: \_\_\_\_\_ USD

**Secondary job (if any):**

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

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

Phone: \_\_\_\_\_ Monthly income: \_\_\_\_\_ USD

**Freelance** (Attach supporting documents or fill Appendix 2)

Type of work: \_\_\_\_\_ Monthly income: \_\_\_\_\_ 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 \_\_\_\_\_ USD

### V-2 Information about the children (if any):

Name	Year of Birth	School/University	Class	Tuition Fees
_____ / _____	_____ / _____	_____ / _____	_____ / _____	_____ / _____
_____ / _____	_____ / _____	_____ / _____	_____ / _____	_____ / _____
_____ / _____	_____ / _____	_____ / _____	_____ / _____	_____ / _____

- Does your spouse receive any school grant for their children or any other type of grants? If yes, please clarify:

Source of Grants/Funds

Annual Amount

\_\_\_\_\_ / \_\_\_\_\_



**VI- ANNUAL FINANCIAL SITUATION OF THE FAMILY**  
**All LBP amounts should be converted to USD as per market rate**

The family's income source must be specified even if the parents/spouse do not work. If income is not mentioned, the file will be considered **incomplete**.

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

<b>VI – 1 Annual Family Income</b>	
Father's income (including transportation allowances)	USD
Mother's income (including transportation allowances)	USD
Student's income	USD
Spouse's income of the spouse (for married students)	USD
Cumulative income of single siblings	USD
Other annual revenue (bonuses, commissions, withdrawal from savings...)	USD
<b>Income from Holdings</b>	
Rental from holdings (buildings, land, shops...)	USD
Seasonal harvest	USD
Family support	USD
Aid from organizations or institutions	USD
School or university discounts <b>(USEK included)</b>	USD
School and university allowance perceived from parent's work.	USD
<b>Total Annual Revenue</b>	<b>USD</b>

<b>VI – 2 Annual Family Expenses</b>	
Household expenses (food, clothing...)	USD
Water	USD
Electricity (Generator and EDL)	USD
Phone (landline + mobile) and Internet	USD
Transportation (Car maintenance, insurances, taxes...)	USD
House/Dorm rental	USD
<b>Medical Expenses</b>	
Private insurance	USD
Non-covered medical treatments	USD
Loan/Debt payments	USD
School and university fees (student and siblings)	USD
Other expenses (please specify):	USD
<b>Total Annual Expenses</b>	<b>USD</b>

**VI – 3 Family Properties (Attach supporting documents)**

**Bank/Home Savings**

Amount in LBP \_\_\_\_\_ Annual interest in LBP \_\_\_\_\_

Amount in USD \_\_\_\_\_ Annual interest in USD \_\_\_\_\_

Amount in € \_\_\_\_\_ Annual interest in € \_\_\_\_\_

**List the properties your family possesses**

			Income from property in USD
<b>Owned Apartments/ House(s)</b>	1.	Region _____ Surface _____	_____
	2.	Region _____ Surface _____	_____
<b>Owned Land</b>	1.	Region _____ Surface _____	_____
	2.	Region _____ Surface _____	_____
<b>Other properties (shop, warehouse, clinic ...)</b>	1.	Region _____ Surface _____	_____
	2.	Region _____ Surface _____	_____
<b>Owned Buildings</b>	1.	Region _____ Number of floors _____	_____
	2.	Region _____ Number of floors _____	_____
			<b>Red-plated</b>
<b>Owned Cars/Vehicles</b>	1.	Brand _____ Year of manufacture _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
	2.	Brand _____ Year of manufacture _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
	3.	Brand _____ Year of manufacture _____	<input type="checkbox"/> No <input type="checkbox"/> Yes

**VI-4 Family Debts/Loans (Attach the supporting documents)**

Does your family have debts or loans in USD?  No  Yes, please specify:

Total amount of loans /debts	Number of Instalments	Monthly Amount	Beginning	End	Loan Source	Reason

## Documents to Attach:

1. Passport photo صورة شمسية
2. Copy of the family status record صورة عن إخراج قيد عائلي
3. Copy of the USEK student ID
4. Certificates of employment and salary for all family members: parents and unmarried sibling(s), as applicable:
  - i) Appendix 1 or Salary certificate for employees (containing same information as Appendix 1)
  - ii) Appendix 2 accompanied by: a) A photocopy of the Commercial Register (السجل التجاري)  
b) A copy of tax return on income presented to the Ministry of Finance (ضريبة الدخل)
  - iii) Appendix 3 or Certificate of retirement (containing same information as Appendix 3)
5. Medical report in case of health conditions, for all family members and/or persons taken care of by the family
6. Copy of the registration card for all cars owned by the family صورة عن دفاتر سيارات الأسرة
7. Legal justification of debts (schedule)
8. Copies of real estate ownership certificate (صورة عن صكوك الملكية العقارية شهادات القيد)
9. Copy of lease (lessee or lessor) (صورة عن عقود الإيجار بصفة مؤجر أو مستأجر)
10. Tuition certificate(s) including annual tuition and discounts for siblings still studying
11. Supporting legal documents in the event of legal issues (divorce, lawsuit, foreclosure, etc.)
12. Schooling and university allowance granted by third parties (such as parents' employers)
13. Statement of non-ownership (بيان نفي ملكية من المديرية العامة للشؤون العقارية) in addition to the ownership certificates currently requested (for real estate properties) for parents and the student (for single students), or for the student and their spouse (for married students). This document must be obtained **for the entire country**.
14. PS: Kindly pass by the Office of the Registrar to pick up a request certificate prior to requesting the document.
15. Statement of non-ownership (بيان رفع ملكية من هيئة إدارة السير والأليات والمركبات – النافعة) (for car ownership) from the Traffic and Vehicles Management Authority Vehicles for parents and the student (for single students), or for the student and their spouse (for married students).
16. Income declaration from the Ministry of Finance (تصريح بالدخل من وزارة المالية) for self-employed and/or non-working parents/spouse.
17. General Security travel records for the last 5 years (إفادة تنقلات دخول وخروج من الأمن العام) for parents and the student (for single students), or for the student and their spouse (for married students).

## Please check the below before signing:

- We certify that the information provided in this application is complete and accurate. We 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 complete and/or if the required documents are incomplete.
- We understand that the University reserves the right to withhold financial aid or withdraw approved reductions in the following cases:
  - Falsification of data.
  - Disciplinary measures against the student.
  - Probation status (unless in the first semester after a program change).
- We understand that if we benefit from multiple discounts, the Financial Aid Office defines the amount of the overall reduction (cumulative percentages) based on our socio-economic situation.
- We agree to participate in the Give Back to Community program.

Issue date: \_\_\_\_\_

Student's signature: \_\_\_\_\_

Signature of parent(s)/tutor: \_\_\_\_\_



## Appendix 1 – Salary Certificate for Employees

إفادة 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 and surname: \_\_\_\_\_

Kinship: \_\_\_\_\_

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 allowances provided by the company, COOP, and/or NSSF (please mention allowances for each person/child separately and specify their name)		
1.		
2.		
3.		
4.		
5.		

Number of months paid per year: \_\_\_\_\_ Hiring date: (dd/mm/yyyy) \_\_\_\_\_ Name and position of the employer: \_\_\_\_\_

Name of the institution/company: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_@\_\_\_\_\_

Type of the institution/Nature of work: \_\_\_\_\_

I certify that the above information and amounts are accurate.

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

Signature and seal of the employer: \_\_\_\_\_



## Appendix 2 – Liberal Professions: Statement of Revenue

## تصريح بالدخل للمهن الحرة

This form must be completed in full and accompanied by:

- A photocopy of the Commercial Register (السجل التجاري)
- A copy of tax return on income presented to the Ministry of Finance (ضريبة الدخل)

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

Name and surname: \_\_\_\_\_

Kinship: \_\_\_\_\_

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

Partners (شركاء) Number of partners: \_\_\_\_\_ Shared percentage: \_\_\_\_\_

Institution/Company: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_@ \_\_\_\_\_

Commercial Register number: \_\_\_\_\_

Registration date: \_\_\_\_\_

Nature of work: \_\_\_\_\_

Number of employees: \_\_\_\_\_

Overall 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 deducting all expenses of the institution.

Signature: \_\_\_\_\_

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



### Appendix 3 – Certificate of Retirement

إفادة تقاعد

This form must be completed by the employee and accompanied by an **official copy of the retirement certificate, stating the end-of-service indemnities received and a copy of the latest pay slip.**

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

Institution/Company: \_\_\_\_\_ Year of retirement: \_\_\_\_\_

Last position held: \_\_\_\_\_

Source of indemnity:

- NSSF
- Private company
- COOP
- Military (LA/ ISF/ GS/ SS/ Leb Cust)

	Amount in LBP	Amount in USD <input type="checkbox"/> Fresh <input type="checkbox"/> Check
Indemnities received		
Monthly basic salary still being received		
School and university allowance still provided by the company and/or COOP (please mention allowances 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: \_\_\_\_\_