

## Steps to apply for a financial aid

- 1. Filling the application form by clicking on « Fill and sign » and ensuring the documents. (Check Document A)
- 2. Sending both pdfs (social sheet and documents) by mail to <a href="mailto:ss.accueil@usj.edu.lb">ss.accueil@usj.edu.lb</a>
- 3. The social worker will contact the student to follow-up on the file within 2 weeks.
- 4. An in-person or online interview will be done with the student to provide an answer concerning the financial aid or to complete the file if necessary.



# **SOCIAL SHEET**

Student No Institution Program Academic year	Bachelor	Ma		PHD		
			PERSON	AL DATA		
Surname		Name (s	;)	Fath	er's name(s)	
Date and place of	of birth			Nationality		
Medical condition Good			l	Problem □		
Address of paren Winter	Region Street		Area Bdg			
Phone Mobile	Fixed			Phone Fixed		
Address of applic	cant					
Do you have a pr	evious university	degree ? No [	□ Yes □ sp	ecify		
Do you have a job	b? No□					
		1	Monthly income (	LBP)		
Do you have a ca	r? No□	Yes □	Car brand			

# DATA ON THE APPLICANT'S FAMILY

Fath	ner	Mother			
Surname	Level of education	Surname	Level of education		
Name	Primary □ Secondary □	Name	Primary □ Secondary □		
Year of birth	University □ Other □	Year of birth	University □ Other □		
Medical condition	Specify	Medical condition	Specify		
Good □ Problem □	Professional situation	Good □ Problem □	Professional situation		
Specify	Profession	Specify	Profession		
	Position held		Postion held		
Deceased □		Deceased □			
Year of death	Address of work	Year of death	Address of work		
Cause of death		Cause of death			
Civil status	Phone	Civil status	Phone		
Married □ Widowed □ Separated □ Divorced□	Monthly income (LBP)	Married □ Widowed □ Separated □	Monthly income (LBP)		
Remarried □	,	Divorced □ Remarried □	•		

SITUATION OF OTHER FAMILY MEMBERS												
				In professional activity			During studies					
Name	Family relations hip	Year of birth	Civil status	Medical condition	Live under the same roof yes no (specify)	Level of education	Profession	Monthly income	Monthly contribution	Name of the school or University establishment	Class or year of studies	School fees amount

#### FINANCIAL SITUATION OF THE FAMILY **DEPENDENTS** Medical Level of **Income per year** Amount (LL) Name **Family** Year of Civil and surname relationship birth status condition education **Income of parents** Contributions by other active members (specify) Income from your properties (specify) Other income (specify) School and/or university aid (specify) **FAMILY PROPERTIES Total income** No ☐ Yes ☐ Brand and year of purchase **Automobiles** Expenses per year Amount (LL) **Housing Fees** of parents of students No ☐ Yes ☐ Region and surface area **Apartments** Other (specify) Total No ☐ Yes ☐ Region and surface area Lands Miscellaneous Water **Electricity** No ☐ Yes ☐ Region and number of floors **Buildings** Phone (fixed and mobile) Other (specify) — Total No □ Yes □ Specify Other Health care fees **Private insurance** Non refundable medical care (specify) **DEBTS OF THE FAMILY** Total School and/or university fees (student included) Nature -Amount .... **Subsistence fees** Nature -Amount ----**Settlement of debts** Nature -Amount ..... Other expenses (specify) **Total expenses** Total of debts

Specify your request and the personal and family conditions that justify it					
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				uci 2 Na 🗆 Va 🗖	
		nily benefited from an aid from the S			
іт уе	s specify	Name and surname		culty/Institute	
		statements I made are, as much as I consission shall entail cancellation of		nplete and exact. I reckon that any	non-exact
	I authorize the Soc for financial aid.	cial Service department to use inforn	nation mentioned in this file	to search for funds, to support m	y request
	I understand that i	ncomplete or unanswered questions	in any section of this file, v	vill jeopardize processing my appl	ication.
The anot		keeps the right to reconsider the per	centage and the nature of th	he aid granted, from one semester	to
Date		Signature of student	Signa	ture of parents	





### Documents to be appended to the social form

1. Recent employee income statement for each working person (parents and single siblings), specifying: the position held, the date of employment, the salary, the allowances, the perks or bonuses, the deductions as well as the number of paid months per year and the school/university financial aid granted. (Document B to be filled by the employer)

If working for the public sector, the official income statement issued by the government is valid.

If parents are retired, a pension salary certificate is to be provided (public sector, orders, Indemnities Fund for Private Education صندوق التعويضات لأفراد الهيئة التعليمية في المدارس الخاصة, etc.)

**2.** Certificate from the Ministry of Finance for self-employed parents.

وزارة المالية - دائرة ضريبة الدخل: إفادة مفصّلة بالوضع الضريبي للمكلّف مع تحديد رقم الأعمال السنوي والربح الصافي

- 3. Photocopy of the family civil registry extract (less than four years) إخراج قيد عائلي
- **4. Photocopy of the grade transcript of the last three years of studies.** (For students enrolling for the first time at USJ)
- 5. Recent photo of the student.
- \* Certificates shall be dated, signed and stamped.
- \* Additional documents may be requested for a better understanding of the social situation (recent medical report, certificate of cessation of work, NSSF certificate إفادة خدمة من الضمان , etc.)



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Name of the employee :					
Position held:	Hiring date :				
Name of the institution/ employer :					
Type of the institution/ nature of work :					
Total annual income is detailed as follows:					
	Amount in US\$				
Basic annual salary					
Family annual allowance					
Annual transportation					
Any other annual benefit					
Total					
Educational benefit: (each child separately and specify the name)					
1.					
2.					
3.					
4.					
5.					
Total					
I certify that the above information and amounts are correct.  Name of the employer:					
Signature:	Date:				
(with the company stamp)					