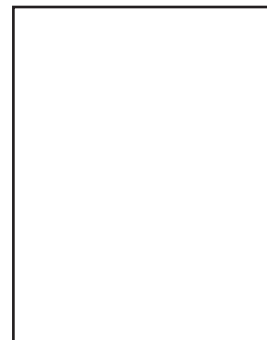


## **Social service**

### **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 [ss.accueil@usj.edu.lb](mailto:ss.accueil@usj.edu.lb)
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.



Student No

Institution

Program Bachelor ☐ Master ☐ PHD ☐

Academic year  /   /   /   /

## PERSONAL DATA

Surname  Name (s)  Father's name(s)

Date and place of birth  Nationality

Medical condition Good ☐ Problem ☐

### Address of parents

<b>Winter</b> <input type="text"/> <div> <div>Region <input type="text"/></div> <div>Area <input type="text"/></div> </div> <div> <div>Street <input type="text"/></div> <div>Bdg <input type="text"/></div> </div>	<b>Summer</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>Phone</b> Mobile <input type="text"/> Fixed <input type="text"/>	<b>Phone</b> Fixed <input type="text"/>

### Address of applicant

Phone Mobile  Fixed

Email

Do you have a previous university degree ? No ☐ Yes ☐ specify

Do you have a job ? No ☐ Yes ☐ Name of establishment

Position held

Monthly income (LBP)

Do you have a car ? No ☐ Yes ☐ Car brand

## DATA ON THE APPLICANT'S FAMILY

## Mother

<b>Surname</b> .....	<b>Level of education</b>
<b>Name</b> .....	<b>Primary</b> <input type="checkbox"/> <b>Secondary</b> <input type="checkbox"/>
<b>Year of birth</b> .....	<b>University</b> <input type="checkbox"/> <b>Other</b> <input type="checkbox"/>
<b>Medical condition</b>	<b>Specify</b> .....
<b>Good</b> <input type="checkbox"/> <b>Problem</b> <input type="checkbox"/>	<b>Professional situation</b>
<b>Specify</b> .....	<b>Profession</b> .....
.....	<b>Position held</b> .....
<b>Deceased</b> <input type="checkbox"/>	.....
<b>Year of death</b> .....	<b>Address of work</b>
<b>Cause of death</b> .....	.....
.....	.....
<b>Civil status</b>	<b>Phone</b> .....
<b>Married</b> <input type="checkbox"/> <b>Widowed</b> <input type="checkbox"/> <b>Separated</b> <input type="checkbox"/>	<b>Monthly income (LBP)</b> .....
<b>Divorced</b> <input type="checkbox"/> <b>Remarried</b> <input type="checkbox"/>	

DEPENDENTS

Name and surname	Family relationship	Year of birth	Civil status	Medical condition	Level of education

FAMILY PROPERTIES

Automobiles

No☐Yes☐

Brand and year of purchase

Apartments

No☐Yes☐

Region and surface area

Lands

No☐Yes☐

Region and surface area

Buildings

No☐Yes☐

Region and number of floors

Other

No☐Yes☐

Specify

DEBTS OF THE FAMILY

Nature

Amount

Nature

Amount

Nature

Amount

Total of debts

FINANCIAL SITUATION OF THE FAMILY

Income per year

Amount (LL)

Income of parents

Contributions by other active members (specify)

Income from your properties (specify)

Other income (specify)

School and/or university aid (specify)

Total income

Expenses per year

Amount (LL)

Housing Fees

of parents

of students

Other (specify)

Total

Miscellaneous

Water

Electricity

Phone (fixed and mobile)

Other (specify)

Total

Health care fees

Private insurance

Non refundable medical care

(specify)

Total

School and/or university fees (student included)

Subsistence fees

Settlement of debts

Other expenses (specify)

Total expenses

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

If yes specify	Name and surname	Faculty/Institute
	.....	.....
	.....	.....

☐ I authorize the Social Service department to use information mentioned in this file to search for funds, to support my request for financial aid.

☐ I understand that incomplete or unanswered questions, in any section of this file, will jeopardize processing my application.

Date ..... Signature of student ..... Signature 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 *الخاصة* المدارس التعليمية في المدارس الخاصة, etc.)

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

وزارة المالية – دائرة ضريبة الدخل: إفادة مفصلة بالوضع الضريبي للمكلف 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.** صورة شمسية

\* *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 الاجتماعي, etc.)*

## Employee Income Statement and Educational Benefits

Name of employer / Institution : .....

Name of employee : ..... Hiring date : .....

Position and title : .....

The overall monthly income is detailed as follows :

Monthly Benefits		Monthly Deductions	
Basic Salary		Income Tax	
Family Allowance		NSSF subscription	
Transportation			
<b>Total</b>	<b>L.L.</b>	<b>Total</b>	<b>L.L.</b>

Number of months payable per year : .....

Name of employee : .....

☐ Does not benefit

☐ Receives educational benefits for him/her and/or for children for the academic year ..... / .....

Name	Amount	Name	Amount

Name of employer : .....

Signature : ..... Date : .....

(with the institution's stamp)