

Social service

Steps to apply for a financial aid



Step 1

Fill integrally the application form and ensure all required documents. (Document A). The form should be completed by the student (Procedure for preparing the financial aid file)



Send the 2 PDFs (social sheet and documents) by mail to ss.accueil@usj.edu.lb



The social worker will contact the student to follow up on the file within a maximum of 2 weeks.



An online interview on Microsoft Teams will be done by appointment with the student to provide an answer concerning the financial aid or to complete the file if necessary.



SOCIAL SHEET

Student No Institution						
Program	Bachelor \square	Maste	er 🗆	PHD □		
Academic year						
			DEDSON	AL DATA		
			PERSON	AL DATA		
Surname		Name (s)			Father's name(s)	
Date and place of	of birth			Nationality	<i>/</i>	
Medical conditio	on	Good □		Problem [.	
	Region Street	Bd	g			
Phone Mobile		Fixed		Phone Fixed		
Address of appli	cant					
Phone Mobile		Fixed				
Email						
Do you have a pr	revious university d	legree? No □	Yes □ sp	ecify		
Do you have a job ? No □ Yes □ Name of establishment						
		Pos	ition held			
Monthly income (LBP)						
Do you have a ca	ır? 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 \square Widowed \square Separated \square Divorced \square	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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<u></u>						

				uci a Na 🗆 Va 🗖		
		nily benefited from an aid from the S				
IT ye	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 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.					
The anot		keeps the right to reconsider the per	centage and the nature of th	ne aid granted, from one semester	to	
Date		Signature of student	Signa	ture of parents		



Documents to be appended to the social form

Mandatory documents for each application

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. (Fill the **Document B**)

If working for the public sector, the official income statement issued by the government should be submitted with a certificate of school/university financial aid specifying the number of children, the academic year concerned and the amount of the aid granted. In case there is no aid, a certificate is also to be delivered. (Monthly payroll slip is not accepted)

2. Certificate from the Ministry of Finance for the parents regardless of their professional situation

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

- 3. NSSF certificate for the parents (even if not registered) إفادة خدمة من الضمان الإجتماعي
- 4. Photocopy of the family civil registry extract (less than a year) إخراج قيد عائلي
- **5. Photocopy of the grade transcript of the last three years of studies.** (For students enrolling for the first time at USJ)
- 6. Recent photo of the student.

If applicable

- 7. Pension salary certificate (public sector, orders, Indemnities Fund for Private Education مندوق التعويضات لأفراد الهيئة التعليمية في المدارس الخاصة , etc.)
- 8. Certificate of the Mutual Fund of the private school teachers specifying the membership or non-membership of the parent and the university financial aid provided for each one of the children. صندوق تعاضد أفراد الهيئة التعليمية في المدارس الخاصة
- 9. Photocopy of the car registration form used by the student. دفتر السيارة

^{*} Certificates (1, 2, 3, 7 & 8) shall be submitted in original copies, dated, signed and stamped.

^{*} The Department of social services shall retain the right to request additional documents for a better understanding of the situation (recent medical report, certificate of cessation of work, 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	y Deductions
Basic Salary	Income Tax	
Family Allowance	NSSF subscription	
Transportation		
Total	L.L. Total	L.L.
Total	L.L. Total	L.L.
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)		