

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 <u>ss.accueil@usj.edu.lb</u>
- 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	Bachelor 🗆	Master 🗆	PHD 🗆	
Academic year	/	/	/	/
	/	/	<i> </i>	/

PERSONAL DATA

Surname			Name	(s)		Father's name(s)	<u>.</u>
Date an	d place of birth -					Nationality	
Medical	condition		Good			Problem 🗆	
Address	of parents						
Winter	Regio	1		Area	Summe	ner	
	Street	t		Bdg			
Phone					Phone	Fixed	
	of applicant						
Email							
Do νου Ι	nave a previous u	university d	egree ? No	. □ Yes □ sne	cify		
	nave a job ?		0	-			
	lave a job .						
				Monthly income (L	.BP)		
Do you ł	nave a car ?	No 🗆	Yes 🗆	Car brand			

DATA ON THE APPLICANT'S FAMILY

Fat	her	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		
$Good\Box\qquad\qquadProblem\Box$	Professional situation	$Good\square\qquad\qquadProblem\square$	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 \Box Widowed \Box Separated \Box	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		er the same roof 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

DEPENDENTS							FIN	NANCIAL SITUATIC	ON OF THE FA	MILY
Name		Family	Year of	Civil	Medical	Level of	Income <u>per year</u>			Amount (LL)
and surn	ame	relationship	birth	status	condition	education	Income of parents			
							Contributions by o	ther active members (specify)		
							Income from your	properties (specify)		
							Other income	(specify)		
							School and/or univ	versity aid (specify)		
		FAMI	LY PROF	PERTIES	5			/ . //		
Automobiles	No 🗖	Yes 🗆 Bra	and and year o	f nurchase					Total income	
Automobiles				•			Expenses <u>per yea</u>	<u>r</u>	Amo	unt (LL)
	.			·····			Housing Fees	of parents		
Apartments	No 🗆	Yes 🗆 Re	-					of students		
								Other (specify)		
Lands	No 🗆	Yes 🗆 Re	gion and surfa	ace area					Total	
							Miscellaneous	Water		
	<u>.</u>			·····				Electricity		
Buildings		Yes 🗖 Reg						Phone (fixed and mobile)		
								Other (specify)		
Other		Yes 🗆 Sp							Total	
				·····			Health care fees	Private insurance		
				·····				Non refundable medical care		
								(specify) ————————		
		DEBTS	OF THE	FAMI	LY				Total	
Nature					Amount			versity fees (student included)		
Nature					Amount		Subsistence fees			
Nature					Amount		Settlement of debt			
inalui C				······ /			Other expenses (sp	oecify) —————		
				Total o	f debts				Total expenses	

Has a member of the family be	enefited from an aid from the Social S	Service Office of the USJ ? No I	□ Yes □
If yes specify	Name and surname	Faculty/Institute	
· · · ·		- 	
	ents I made are, as much as I can be s ion shall entail cancellation of my re	ure of them, true, complete and exact quest for aid.	. I reckon that any non-exact
□ I authorize the Social Ser for financial aid.	rvice department to use information	mentioned in this file to search for fu	nds, to support my request
□ I understand that incom	blete or unanswered questions, in any	v section of this file, will jeopardize p	rocessing my application.
-		e and the nature of the aid granted, t	
Date	Signature of student	Signature of parents	

Specify your request and the personal and family conditions that justify it

Document A



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 , 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. 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 , etc.)



Salary certificate

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)