Financial Aid Procedure and Application
(Fall Semester 2026-2027)

Financial Aid Procedure

Step 1 **:** Request the required official documents between **August 24 and September 18, 2026**:

- Statement of non-ownership for real estate properties بيان نفي ملكيّة عقاريّة.
- Statement of non-ownership of cars بيان رفع ملكيّة من هيئة إدارة السير والآليّات والمركبات.

Use this link to fill in the form and pay at the Student Accounting Office.

Step 2 **:** Print out, complete, and sign the Financial Aid Application with your parent(s) or tutor(s), along with all related documents stated on page 11.

PS: Start by requesting your General Security travel records* (إفادة تنقّلات دخول وخروج من الأمن العام*), as processing, issuance, and collection may take up to 40 days.

Step 3 **: C**ollect the final non-ownership documents of real estate properties and cars from the FAO **once you receive the corresponding e-mail** and book an appointment immediately with the respective social worker.

Step 4 **:** Following the interview, you will receive an e-mail informing you of your file status (Submitted or Incomplete).

Step 5 **:** The Financial Aid Review Committee (FARC) evaluates the application based on the student's socio-economic situation, the supporting documents submitted, and the availability of financial aid funds.
The final decision will be communicated to you by e-mail in due course. *(Conditions apply)*

Conditions and Eligibility:

- Applications will be rejected if not properly filled out or if the required documents are incomplete or falsified.
- For cumulative discounts, the FAO sets the overall reduction amount.
- Only one sibling is eligible to apply for Financial Aid discount.
- Financial aid does not apply to registration, operational fees, and the Summer Session.
- Discounts will be forfeited if the student is placed on probation.
- Discounts will be forfeited if the student is facing disciplinary measures.
- Students enrolled in the dual degree program "Bachelor of Business Administration in International Hospitality and Tourism Management in collaboration with *Le Cordon Bleu"*, are **NOT** eligible for financial aid.
- Students enrolled in a graduate program are **NOT** eligible for financial aid, except for the Doctorate of Medicine, Master of Arts in Psychology, and Master in Architecture.
- Students enrolled in a continuing education course and in the USEK Continuing Learning Center (UCLC) are **NOT** eligible for financial aid.
- Students enrolled in a postgraduate program are **NOT** eligible for financial aid.

Financial Aid Application

Fall Semester 2026-2027

USEK ID: I__I__I__I__I__I__I__I__I__I__I

Name and Surname: _____Father's Name: _____

Academic Unit: _____ Major: _____

Level of Studies: ☐ Undergraduate ☐ Graduate (Medicine - Architecture - Psychology)

Campus: ☐ Kaslik ☐ Zahle

Photo

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

Name: _____Major: _____ Sibling's USEK ID: I__I__I__I__I__I__I__I__I__I__I

Name: _____ Major: _____ Sibling's USEK ID: I__I__I__I__I__I__I__I__I__I__I

I – STUDENT'S PERSONAL INFORMATION

Place and date of birth: _____ Gender: ☐ F ☐ M

First nationality: _____ Second nationality: _____

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 live with your parents while you are at university? ☐ Yes ☐ No, please specify:_____

☐ USEK Residence – Monthly rent: _____ USD
☐ Dorm or rented apartment – Monthly rent: _____ USD
☐ Extended family

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 am unemployed

☐ I have a part-time job ☐ I have a full-time job ☐ I work only during the summer

☐ I work as a freelancer or have an online business. Social media business account *(if any)*: _____
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 current market rate.

II-1 Information about the student's father

Name:_____Surname:_____Date of birth:_____/_____/_____

First nationality: _____ Second nationality: _____

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 any 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 in Appendix 1)

Main job:

Institution/Company:_____ Position & profession:_____

Work address:_____

Phone: _____ Monthly income: _____USD

School/University allowance received from work (if any): _____USD

Secondary job (if any):

Institution/Company:_____Position & profession:_____

Work address:_____

Phone: _____ Monthly income: _____USD

☐ **Self-employed or personal online business** (Attach supporting documents or fill in Appendix 2)

Position & profession:_____ Average monthly income: _____USD

Institution/Company name:_____Shares:_____

Work address or social media business account:_____

☐ **Retired** (Attach supporting documents or fill in Appendix 3)

Year of retirement:_____Institution/Company:_____

Position and/or rank:_____Indemnities perceived:_____

Monthly retirement allowance amount in USD: _____

II-2 Information about the student's mother

Name:_____Surname:_____Date of birth:_____/_____/_____

First nationality: _____ Second nationality: _____

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 in Appendix 1)

Main job:

Institution/Company:_____Position & profession:_____

Work address:_____

Phone: _____ Monthly income: _____USD

School/University allowance received from work (if any): _____USD

☐ **Self-employed or personal online business** (Attach supporting documents or fill in Appendix 2)

Position & profession:_____ Average monthly income: _____USD

Institution/Company name:_____Shares:_____

Work address or social media business account:_____

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

Year of retirement:_____Institution:_____Position and/or rank: _____

Indemnities perceived:_____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 with 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 current market rate.

					Living in the Same House		Currently Studying			Currently Working (Employed, freelancer, online…)			
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 in 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:

IV – PERSONS TAKEN CARE OF BY THE FAMILY
(Other than siblings)

General Information					Living in the Same House		Support Level		Support Type	
Name and Surname	**Kinship**	**Civil Status**	**Health Conditions**	**Insurance/ Army/ NSSF/COOP**	**Yes**	**No (Details)**	**Partial**	**Full**	**Physical & Psychological**	**Material (Money, Food, Medication, …)**
1.										
2.										
3.										
4.										

Note: Attach a medical report in case of sickness.

Remarks:

V – INFORMATION ABOUT THE SPOUSE

(For married students or remarried parents)

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

V-1 Information about the spouse:

Name and surname: _____ Place and date of birth: _____

First nationality: _____ Second nationality: _____

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 in Appendix 1)

  Main employment:

  Institution/Company: _____ Position & profession: _____

  Work address: _____

  Phone: _____ Monthly income: _____ USD

  Secondary job (if any):

  Institution/Company: _____ Position & profession: _____

  Work address: _____

  Phone: _____ Monthly income: _____ USD

  ☐ **Self-employed or personal online business** (Attach supporting documents or fill in Appendix 2)

  Position & profession: _____ Average monthly income: _____ USD

  Institution/Company name: _____ Shares: _____

  Work address or social media business account: _____

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

  Year of retirement: _____ Institution: _____ Position and/or rank: _____

  Indemnities perceived: _____ 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 must be converted to USD as per the current 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.

VI-1 Annual Family Income	
Father's income, including transportation and benefits, as cumulation of all incomes (salary/freelance work/side job…)	USD
Mother's income, including transportation and benefits, as cumulation of all incomes (salary/freelance work/side job…)	USD
Student's income	USD
Spouse's income (for married students or remarried parent), as cumulation of all incomes (salary/freelance work/side job…)	USD
Cumulative income of single siblings	USD
Other Annual Revenue	
Bonuses, commissions, and others	USD
Withdrawal from savings	USD
Income from Holdings	
Rental from holdings (buildings, land, shops…)	USD
Seasonal harvest	USD
Family support	USD
Aid from organizations or institutions	USD
School or university discounts **(USEK included)**	USD
School and university allowance perceived from parent's work	USD
Total Annual Revenue	**USD**

VI-2 Annual Family Expenses (for all family members)		
Household expenses	Food and other supplies	USD
	Clothing	USD
Utilities	Water + fuel (مازوت)	USD
	Electricity (Generator and EDL)	USD
Telephone	Mobile	USD
	Landline and Internet	USD
Transportation	Taxes (*mécanique*) + insurance	USD
	Maintenance (brakes, oil change…)	USD
	Gasoline (بنزين)	USD
	Other transportation fees (school bus, taxi, public transportation…)	USD
Lodging	House rental	USD
	Dorm rental	USD
	Maintenance fees for owned house/chalet…	USD
Household help	Maid, driver, nurse…	USD
Medical expenses	Private insurance	USD
	Non-covered medical treatments	USD
Life insurance		USD
Loan/debt payments	(Car, housing, school/university, third party…)	USD
Education **(all children, including USEK student)**	Nursery/school/university net tuition	USD
	Other expenses (books, private tutoring…)	USD
Children social expenses	Allowance, entertainment, recreation, membership fees, activities…	USD
Family social expenses	Special occasions, gifts…	USD
Family expenses	Children abroad	USD
	Other family members taken in charge (grandparents…)	USD
Other expenses (please specify):		USD
Total Annual Expenses		**USD**

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

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 *ALL* the properties your family possesses in Lebanon and abroad, whether registered *(refer to the documents of non-ownership of real estate properties and cars)* **or not registered.**

		Description	Family Use	Income From Property in USD *(if any)*
Owned apartments/ House(s)	1.	Region_____Surface _____		_____
	2.	Region_____Surface _____		_____
Owned land	1.	Region_____Surface_____		_____
	2.	Region_____Surface _____		_____
Other properties (shop, warehouse, clinic …)	1.	Region_____Surface_____		_____
	2.	Region_____Surface _____		_____
Owned buildings	1.	Region_____Number of floors ____		_____
	2.	Region_____Number of floors ____		_____
			Red-plated	
Owned cars/vehicles	1.	Brand_____Year of manufacture_____	☐ No ☐ Yes	
	2.	Brand_____Year of manufacture_____	☐ No ☐ Yes	
	3.	Brand_____Year of manufacture_____	☐ No ☐ 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 Payment	Start	End	Loan Source	Reason

Documents to Attach: ***<u>You must keep a copy of all original documents submitted to the FAO.</u>***

1. *Identification photo صورة شمسيّة
2. *Copy of the family status record صورة عن إخراج قيد عائليّ
3. *Copy of the USEK Student ID
4. *Certificates of employment and salary for all family members: parents and unmarried siblings, as applicable:
   i) Appendix 1 **or** salary certificate for employees (containing same information as Appendix 1)
   ii) Appendix 2 along with:
      a) a photocopy of the Commercial Register (السجلّ التجاريّ)
      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. *Income declaration from the Ministry of Finance (تصريح بالدخل من وزارة الماليّة) for parents/spouse **(for employed, non-employed, and self-employed)**.
6. *General Security travel records for the last 5 years (إفادة تنقّلات دخول وخروج من الأمن العام) **for the parent(s) and the student** (for single students), or for the student and their spouse (for married students). ***(Processing and issuance may take up to 40 days).***
7. *Statement of non-ownership (بيان نفي ملكيّة من المديريّة العامّة للشؤون العقاريّة) for the parents (for single students), or for the student and their spouse (for married students).
8. *Statement of non-ownership for cars (بيان رفع ملكيّة من هيئة إدارة السير والآليّات والمركبات – النافعة) from the Traffic and Vehicles Management Authority Vehicles for the parents and the student (for single students), or for the student and their spouse (for married students).
   For documents 7 and 8: Fill in the application through this link and pay the relevant fees at the Student Accounting Office between August 24 and September 18, 2026.
9. *Copy of the registration card of cars/vehicles owned by the family صورة عن دفاتر السيّارات.
10. *Copies of real estate ownership certificates (شهادات القيد) صورة عن صكوك الملكيّة العقاريّة.
11. ** Statement of account *(may be required)*
12. **Medical report in case of health conditions, for all family members and/or person(s) taken care of by the family.
13. **Legal justification of debts (schedule).
14. **Copy of lease (lessee or lessor) (صورة عن عقود الإيجار بصفة مؤجّر أو مستأجر)
15. **Tuition certificate(s), including **annual tuition and discounts for siblings still studying.**
16. **Supporting legal documents in the event of legal issues (such as divorce, lawsuit, or foreclosure).
17. **Schooling and university allowance granted by third parties (such as parents' employers, COOP, or military)

NB: * Mandatory ** If relevant

Please read, approve, and check (x) the below before signing:

☐ We certify that the information provided in this application is complete and accurate.

☐ We authorize the University to verify the authenticity of the documents and/or information provided.

☐ We understand that submitting the financial aid application does not guarantee a financial aid discount.

☐ We understand that the University and the Financial Aid Office reserve the right to modify or withdraw any discount at any time, based on administrative review or institutional requirements.

Date:_____

Signature of parent(s)/tutor(s): _____Student's signature: _____

Social Worker's signature: _____

Appendix 1 – Salary Certificate for Employees إفادة عمل للموظّف

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
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 الحرّة

This form must be completed in full and accompanied by:

- A photocopy of the Commercial Register (السجلّ التجاريّ)
- 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 Customs)

	Amount in LBP	**Amount in USD** □ **Fresh** □ **Check**
Indemnities received		
Monthly basic salary still being received		
School and university allowances that are 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: _____