STUDENT FINANCIAL ASSISTANCE APPLICATION

COMPLETE application form is required to process the application.

INCOMPLETE applications WILL NOT be processed.

STUDENT ID: _____

APPLICATION DATE: _____

Section I. Student Information

LAST	AST NAME:										_	FIRST NAME:									MI								
ADDRESS 1 (House Number, Street Name):																													
CITY												_	STATE: ZIP / POST								TAL CODE:								
ном	HOME PHONE NUMBER:												ALTERNATE PHONE NUMBER:																
			-				-]									-] -				
SCHO	DOL	GRA	DE	/	AGE			۵	ОВ	:	_			_						(GENI	DER:							
											-			-									MA	LE			FEM	ALE	

Section II. Programs

Student is enrolled in which program(s)?

[] HIFZ [] EVENING HIFZ [] EVENING MAKTAB [] SUNDAY SCHOOL [] TALEEM UN NISA [] OTHER: _______

Section III. Parents' Information

FATHERS LAST NAME:	FIRST NAME:	MI									
FATHERS E-MAIL ADDRESS:											
WORK NUMBER:	CELL NUMBER:										
MOTHERS LAST NAME:	FIRST NAME:	MI									
MOTHERS E-MAIL ADDRESS:											
WORK NUMBER:	CELL NUMBER:										
Section IV. Emergency Information											
EMERGENCY CONTACT LAST NAME:	EMERGENCY CONTACT FIRST NAME:	MI									
PHONE NUMBER: ALTERNATE PHONE NUMBER:											

Section V. Hardship Details

Please provide details of hardship in this section.

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Section VI. References (please provide 3 references)

- 1. References provided MUST be familiar with applicant's financial situation.
- 2. MMA prefers known MMA community members for reference to ensure quick processing of application.

Name	Phone	Email Address

Section VII. Amount and Duration of Financial Assistance

- 1. How much you want to pay per month against the monthly fee: _____ per month
- 2. Duration: [] One Time [] Monthly for how many months _____

Section VIII. Acknowledgement

Please read carefully before signing.

Applicant accepts and testifies to the following:

- 1. MMA will be using educational program sponsorship program to fill the gap in the monthly fee requested in this application.
- 2. MMA will not provide any monetary fund to the applicant and instead apply the assistance directly to the program fee.
- 3. Applicant has provided true and complete information to the best of his/her knowledge and it may be disqualified for assistance if he/she knowingly provides false information on the application.
- 4. Applicant may be required to present copies of supporting documents like Driving License, IRS filings, W-2 forms, Utility Bills.
- 5. Applicant is responsible for reporting financial assistance to the IRS and other Govt., agencies as required under law where applicable.
- 6. The MMA management may take up to 15 business days for processing application, verifying information and decision making.
- 7. I, _______recognize that the purpose of this application is to evaluate my eligibility for qualification of Financial Assistance for the student in section I.
- 8. I, _______ hereby grant MMA and its authorized agents and officers' permission to verify the information provided in this applicant for accuracy.

NAME OF PARENT OR GAURDIAN

SIGNATURE OF PARENT OR

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9. Applicant acknowledges that he/she stand before Allah (SWT) in truth and Allah (SWT) is his/her witness.

RELATIONSHIP TO

	FOR OFFICE USE ONLY	
Application Received: Date:	[] New [] Repeat	
Application Decision: Date:	[] Approved [] Denied [] Deferred	
Amount Authorized:	[] Monthly [] One Time	
If monthly for how many months		
MMA Officer Name:		
MMA Officer Signature:	Date:	
Notes:		



DATE: