



STUDENT FINANCIAL ASSISTANCE APPLICATION

COMPLETE application form is required to process the application.

INCOMPLETE applications WILL NOT be processed.

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.



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

SIGNATURE OF PARENT OR GAURDIAN	NAME OF PARENT OR GAURDIAN	RELATIONSHIP TO STUDENT(S)	DATE:
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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: _____
