

Financial Aid is available for qualified applicants only through IAR.

- Submit this application with the following:
- ~ Copy of most recent Tax returns (not originals)
 - ~ Copies of last 3 pay stubs (not originals)
 - ~ Itemized list of all monthly expenses & income

DEADLINE TO SUBMIT THIS FORM IS (FRIDAY) MAY 4TH , 2012

FINANCIAL AID APPLICATION

2012-2013 School Year

Name of Parent(s): _____

Address: _____
Street Address/P. O. Box *City* *State* *Zip Code*

Phone Numbers: _____
Home *Work* *Cell*

Occupation of Father/Guardian: _____ Yearly Salary: \$ _____

Occupation of Mother/Guardian: _____ Yearly Salary: \$ _____

Additional Family Income: \$ _____ Source: _____

Total Income: \$ _____

Number of Dependents: _____

How many students are currently re-enrolled in Al-Iman School? _____
Do you have any children that will be new students this year? _____ If yes, how many? _____

of Students in each Grade: ()KG - ()1st - ()2nd - ()3rd - ()4th - ()5th - ()6th - ()7th - ()8th

Are You Applying for Financial Aid Elsewhere? Yes No

If yes, please write the name of the place: _____

I hereby declare that the above information is correct to the best of my knowledge. If my child(ren) receive(s) partial financial assistance, I agree to pay all other fees due to Al-Iman School and to abide by all conditions set by Al-Iman School Committee.

I understand that **I must include the proof of my current income (e.g. W-2 form or check stubs)** with this application. **This application will not be reviewed without supporting documents.**

I also understand that my financial aid application will be reviewed by financial aid team twice a year. Finally, I understand that the parents of students receiving financial aid are required to do volunteer work at the school for a specified number of hours per month. Failure to complete these work hours will result in loss of student aid.

Signature of Parent (or Guardian): _____ Date: _____

FOR OFFICE USE ONLY	
Application Received by: _____	Date: _____
Reviewing Team: _____	_____
Financial Aid Granted: \$ _____/month	Date: _____
Justification Comment(s): _____	_____
Signature of Reviewing Team Chairman: _____	Date: _____