



# Michigan Islamic Academy

## Financial Aid Application Form

2008-2009

Families wishing to apply for financial aid must submit their completed application by June 28, 2008. Financial aid does not carry over from one year to another. Families currently receiving aid must reapply if they wish to receive financial aid for the coming year. Financial aid cannot be combined with other tuition discounts, such as teacher's discount and family discount. A maximum of 50% deduction in tuition can be awarded per child by MCA/MIA.

Note that possible sources of financial aid are:

1. A percentage of tuition-based revenue diverted to financial aid.
2. Donations from parents and friends of MIA
3. Zakat donations available to MIA and/or MCA.

This financial aid application is consistent with MCA's Zakat Eligibility Assistance Form (ZA-1000). A completed financial aid application (along with all requested documents) will automatically be eligible for consideration by MCA for available Zakat funds. The applicant should indicate if he/she prefers not to be considered for Zakat fund assistance. Such a request, however, may affect the amount of financial aid received.

For any student to be considered for a tuition discount, the following criteria should be met:

- 1- Have and maintain an overall average grade of B or higher for any given quarter / semester.
- 2- Good Islamic behavior and conduct.
- 3- Family income must meet the school guidelines.
- 4- All necessary paper work must be received along with the completed financial aid application.
- 5- Parents' willingness to volunteer or provide services to the school an equivalent of at least eighty (80) hours per year.

Completed Financial aid application will be verified and reviewed by financial aid committee. Applicant will be notified, in writing, of the decision of the financial aid committee no later than August 1<sup>th</sup>, 2008.

# Michigan Islamic Academy

## Financial Aid Application Form 2008-2009

**NOTICE OF CONFIDENTIALITY:** This Financial Aid Form includes highly personal and confidential information intended only for restricted internal use by authorized personnel exclusively for evaluation of Financial Aid requests. Unauthorized use, copying, distribution or dissemination is strictly prohibited.

**INSTRUCTIONS:** Kindly help us to help those in need of Financial Aid. Please provide accurate and detailed information so we may evaluate Financial Aid requests in a timely and effective manner.

**NOTE:**

- **Incomplete application will not be considered for Zakat fund.**
- **Application must be signed and dated by applicant.**

**Please provide the following documents to expedite your application for assistance:**

1. Photo ID of Applicant.
2. Social Security Card.
3. One month's pay stubs
4. Most recent income tax return
5. Most recent bank statements, checking, and savings
6. Rent Receipt
7. Any other bills, eviction notices, etc.

**Date:** \_\_\_\_\_

**Financial aid is requested for the following children:**

Name \_\_\_\_\_ Entering Grade \_\_\_\_\_

Name \_\_\_\_\_ Entering Grade \_\_\_\_\_

Name \_\_\_\_\_ Entering Grade \_\_\_\_\_

Name \_\_\_\_\_ Entering Grade \_\_\_\_\_

**Please check one:** Children live with \_\_\_ both parents \_\_\_ mother \_\_\_ father

## Section 1: Applicant's Demographic Data

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
(Last) (First) (M.I.) (Social Security Number)

Address: \_\_\_\_\_ DL/ID: \_\_\_\_\_  
(Driver's License / ID Number)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Age: \_\_\_\_\_ Gender (circle one): Male Female

## Section 2: Applicant's Information

Number of Dependants: \_\_\_\_\_ Age of Dependants: \_\_\_\_\_

Place of Residence (circle one): Own Home Rental Apartment Subsidized Housing Shelter  
Other (Please specify) \_\_\_\_\_

Means of Transportation (circle one): Own Automobile Public Transportation  
Other (Please specify) \_\_\_\_\_

Employment Status (circle one): Full-Time Part-Time Unemployed Self-Employed

If employed, where: \_\_\_\_\_

Job Title \_\_\_\_\_

Work phone number: \_\_\_\_\_

Marital Status (circle one): Single Married Divorced Widowed

If married, name of spouse: \_\_\_\_\_

Is your spouse currently employed (circle one)? Yes No

If yes, where: \_\_\_\_\_ Job Title: \_\_\_\_\_

Work phone number: \_\_\_\_\_

Health Insurance (circle one): Insured Uninsured Public Aid Medicaid/Medicare

Other \_\_\_\_\_

**Education:** College Grad or More      Some College      High School Grad  
Some High School      No High School      Unknown

**Statement of Circumstance:** (State the reason for which Financial Aid is sought, how much you need, and how this assistance will meet your need. Be specific. Use a separate sheet if necessary.)

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### Section 3: Need Assessment (Approximate) and Prior Zakat Receipt History:

Father's total household monthly income: \_\_\_\_\_

Mother's total household monthly income: \_\_\_\_\_

Total household income: \_\_\_\_\_

Total household monthly expenditure: \_\_\_\_\_

Total value of savings (cash/stocks/ jewelry, etc.): \_\_\_\_\_

Loans/debt you owe: \_\_\_\_\_ Due Date: \_\_\_\_\_

Other Zakat received: \_\_\_\_\_ From which organization?: \_\_\_\_\_

Amount Received: \_\_\_\_\_ Date Received: \_\_\_\_\_

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### Section 4: Aid History:

Please check any of the following aid you have received within the last calendar year:

- Food Stamps / Link Card
- Social Security Benefits or Supplemental Security Income (SSI)
- TANF (Temporary Needy Family Assistance)
- Medicaid (State) / Medicare (National)
- Subsidized Housing, Public Housing
- Shelter
- WIC (Women, Infant, Children) Food Supplementary Program

- Mother and Child Program
- Energy Assistance Program
- Senior Services
- Government Student Loans / Scholarships
- Alimony
- Child Support
- Other: (Please specify)\_\_\_\_\_

**Section 5: References:**

List the names and phone numbers of anyone with whom you are familiar with, and can substantiate the information you provided above.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**If applicant is from outside Ann Arbor area and wants to apply to Zakat fund administered by MCA/MIA, then please complete blanks below. The application for Zakat fund will NOT be considered without this information.**

1. Name of local Masjid or Center: \_\_\_\_\_
2. Name of Director or Imam: \_\_\_\_\_ Tel No: \_\_\_\_\_
3. Attach a letter of recommendation from the Director or Imam of the local Masjid/Center.

**Please Select One:**

- Consider my application for Zakat fund.
- Do not consider my application for Zakat fund.

*I testify in front of Allah (SWT) that the application information provided on this form is true and accurate to the best of my knowledge and I give consent to background checks regarding medical/confidential information to be released to MIA (and if necessary, to MCA's Zakat Committee).*

Applicant's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: (mm/dd/yyyy): \_\_\_/\_\_\_/\_\_\_\_\_