

ISLAMIC CENTER OF AMERICA

Madrasatu Ahlis Sunnah

215 North Oraton Parkway

East Orange, N.J. 07017

(973) 672-6690

www.thesunnah.org/school



بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

Tuition Assistance Program Application

[Valid for One School Year Only]

PLEASE TYPE OR PRINT CLEARLY

Mother's Full Name (First, Middle, and Last):			
Address:		Apt #:	
City:		State:	
Phone #:		Work #:	
		Zip Code:	

Father's Full Name (First, Middle, and Last):			
Address:		Apt #:	
City:		State:	
Phone #:		Work #:	
		Zip Code:	

I. GROSS INCOME

Mother's Occupation:		Annual Salary:	
Other Income:		Amount:	
Father's Occupation:		Annual Salary:	
Other Income:		Amount:	
What is your family's combined income?			

II. EXPENSES

Rent:		Mortgage:	
Phone:		Utilities:	
Food		Other Expense (Please specify)	
Other Expense (Please specify)		Other Expense (Please specify)	
Total Monthly Expenses			

III. REQUEST DETAILS

What type of Tuition Assistance are you requesting? ___ Full ___ Partial

If partial, what can you afford to pay per month? _____

IV. CHILDREN COVERED BY SCHOLARSHIP

Name		Grade	
Name		Grade	
Name		Grade	
Name		Grade	

"I state that all the foregoing information is true, correct, and complete to the best of my knowledge. I agree to inform Madrasatu Ahlis Sunah promptly of any significant changes in my situation. I understand that providing false information or failing to report such changes may affect my eligibility for tuition assistance."

Signature	Date

PLEASE SUBMIT THIS APPLICATION ALONG WITH THE FOLLOWING REQUIRED DOCUMENTS:

1. **Completed Tuition Assistance Program Application** – All sections must be filled out to be considered.
2. **Two most recent pay stubs** for the applicant.
3. **Most recent Income Tax Return** for the applicant.
4. **Denial letter** from *Programs for Parents*. (If applicable)
5. **Copy of applicant’s valid photo identification (ID).**
6. **Proof of residence** – Rent lease or mortgage statement.
7. **Utility bill** current in the applicant’s name.

Note: *In the case where tuition assistance is awarded, parents are still responsible for registration fees.*

ALL OF THE ABOVE INFORMATION MUST BE SUBMITTED IN ORDER TO BE CONSIDERED FOR TUITION ASSISTANCE FUNDS.

FOR OFFICE USE ONLY:	
___ Denied	___ Approved
Approved by: _____	Signature: _____
Amount of monthly tuition: _____	

ALL INFORMATION IS CONFIDENTIAL.