



Educating Our Youth for the Leadership of Tomorrow

Al-Iman Islamic School

P.O. Box 6073

Norfolk, VA 23508

(757) 279-4212 / (757) 214-5341

Admin@alimanschool.net

Al-Iman Islamic School Financial Aid Form 2017-2018

Student(s) Information:

1) Student's Full Legal Name (Last, First): _____

Gender Male Female

2) Student's Full Legal Name (Last, First): _____

Gender Male Female

3) Student's Full Legal Name (Last, First): _____

Gender Male Female

4) Student's Full Legal Name (Last, First): _____

Gender Male Female

5) Student's Full Legal Name (Last, First): _____

Gender Male Female

Parents/Guardians Information:

Name (Last, First): _____ Age: _____

Gender: _____ Marital Status: _____ Occupation: _____

Residential Address: _____ Apt: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Name (Last, First): _____ Age: _____

Gender: _____ Marital Status: _____ Occupation: _____

Residential Address: _____ Apt: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____



Educating Our Youth for the Leadership of Tomorrow

Al-Iman Islamic School

P.O. Box 6073

Norfolk, VA 23508

(757) 279-4212 / (757) 214-5341

Admin@alimanschool.net

Are you Al-Iman Islamic school teacher volunteer? Yes: _____ No: _____

How much unearned income does your household receive each month? (unemployment, retirement income, child support, alimony, etc.): _____

How much money does your household earn each month? (enter the amount before taxes for everyone in the home. Estimate if the exact amount is not known.): _____

Would you be able to pay tuition partially? Yes: _____ No: _____

If yes, how much? (Base on one school year, 9 months) \$ _____ per month

To help us process your application in timely manner, please provide the following

- Copy of your photo ID
- Copy of your proof of income / bank statement
- Two individuals who may verify your situation

Information of two individuals who may aware of your financial situation:

Name (Last, First): _____

Home Phone: _____ Cell Phone: _____

Signature: _____

Name (Last, First): _____

Home Phone: _____ Cell Phone: _____

Signature: _____

I hereby certify that this application and the documents submitted with it are all true and correct.

Failure to provide the accuracy of your information may result in denial of your request.

Signature of Parent/Guardian

Date

Office Use Only

Approved: _____ Denied: _____ Date: _____ / _____ / _____

Total waived fee: _____

Approved by: _____