



## **Al-Iman Islamic School Financial Aid Form**

### **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: \_\_\_\_\_



**Al-Iman Islamic School**  
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Educating Our Youth for the Leadership of Tomorrow

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**

<b>Approved:</b> _____	<b>Denied:</b> _____	<b>Date:</b> _____ / _____ / _____
<b>Total waived fee:</b> _____		
<b>Approved by:</b> _____		