

Islamic Society of Greater Harrisburg - Financial Aid Form

PO Box 7436, Steelton, PA 17113 Tel. No. (717) 407-8018 Email: council@isghpa.org or isghpa.president@gmail.com Website: <https://isghpa.alminaret.com/>

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

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: _____

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.): _____

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

If yes, how much? \$_____ 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 declare that there is no deity but Allah (S.W.T) and Muhammad (S.A.W.S) is Allah's las and final messenger. I testify in front of Allah (S.W.T) that the information provided on this form is true and accurate to the best of my knowledge. I agree that the information provided in this application will be utilized in connection with this request for ZAKAH/SADAQAH.

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: _____