

## Jaam'e Masjid Bellmore Maktab – Financial Assistance Form

To be filled by the parent/guardian requesting financial support (on behalf of the student)

Full Name of Applicant: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Age of Applicant: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Number of Dependents: \_\_\_\_\_ Relation of Dependents to Applicant (children, stepchildren, etc.) \_\_\_\_\_

### Proof of Income for ALL Residents

(Cash/Part Time jobs/Rental Income/Overtime/Benefits/Investments included)

Applicant's Income from all jobs combined: \$ \_\_\_\_\_ every \_\_\_\_\_ (week/month/year)

Person 2 Name: \_\_\_\_\_ Relation to Student: \_\_\_\_\_ Income: \$ \_\_\_\_\_ every \_\_\_\_\_

Person 3 Name: \_\_\_\_\_ Relation to Student: \_\_\_\_\_ Income: \$ \_\_\_\_\_ every \_\_\_\_\_

Person 4 Name: \_\_\_\_\_ Relation to Student: \_\_\_\_\_ Income: \$ \_\_\_\_\_ every \_\_\_\_\_

### Monthly Expenses

Rent/Mortgage: \$ \_\_\_\_\_ Health Insurance: \$ \_\_\_\_\_ Utilities: \$ \_\_\_\_\_

Car Lease(s)/Finance: \$ \_\_\_\_\_ Car Insurance(s): \$ \_\_\_\_\_

Phone/Cable/Internet: \$ \_\_\_\_\_ Other Expenses: \$ \_\_\_\_\_

Full Name of Student(s): \_\_\_\_\_

Maktab Fees are \$80/month. What amount are you requesting assistance for? \$ \_\_\_\_\_

Are you requesting one-time assistance or monthly assistance? \_\_\_\_\_ If monthly, how many months? \_\_\_\_\_

**Declaration:** I, \_\_\_\_\_, am seeking assistance to pay JMB Maktab tuition for my son/daughter named \_\_\_\_\_, due my current financial situation. I am seeking a sponsor to provide the correct Islamic education to my child(ren). I swear by Allah that I have filled out this form accurately and truthfully to the best of my knowledge and have provided all the documents requested by the Masjid faithfully.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR OFFICE USE ONLY

Documents Provided: \_\_\_\_\_ Tax Returns \_\_\_\_\_ Pay Stubs \_\_\_\_\_ Bank Statements \_\_\_\_\_

Assistance Granted: Yes No One Time or Monthly: \_\_\_\_\_ If monthly, # of months: \_\_\_\_\_

Case to be reviewed again on: \_\_\_\_\_ Admin Signature: \_\_\_\_\_