



Salam Academy

“Where Education Has No Limits”

Financial Aid Application Form

STUDENT INFORMATION

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

RETURN THIS FORM by MAY 31st. Any forms received after, will incur a \$100 fee.

FATHER INFORMATION

NAME _____ SOCIAL SECURITY NO. _____ DATE OF BIRTH ____/____/____

PHONE NO. _____ MARITAL STATUS: _____ NO. of DEPENDANTS _____
MARRIED ___ UNMARRIED ___ SEPARATED ___

E-MAIL: _____

PRESENT ADDRESS & # OF YEARS

STREET _____

CITY _____ STATE _____ ZIP _____

OWN _____ RENT _____ : _____ (YEARS)

EMPLOYER NAME: _____

EMPLOYER ADDRESS: _____



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BUSINESS PHONE NO.: _____ POSITION HELD: _____

YEARS ON JOB: _____ SELF EMPLOYED: YES _____ NO _____

MOTHER INFORMATION

NAME _____ SOCIAL SECURITY NO. _____ DATE OF BIRTH _____/_____/_____

PHONE NO. _____ MARITAL STATUS: _____ NO. of DEPENDANTS _____
MARRIED _____ UNMARRIED _____ SEPARATED _____

E-MAIL: _____

PRESENT ADDRESS & # OF YEARS

STREET _____

CITY _____ STATE _____ ZIP _____

OWN _____ RENT _____ : _____ (YEARS)

EMPLOYER NAME: _____

EMPLOYER ADDRESS: _____

BUSINESS PHONE NO.: _____ POSITION HELD: _____

YEARS ON JOB: _____ SELF EMPLOYED: YES _____ NO _____



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MONTHLY INCOME INFORMATION:

| ITEM | FATHER | MOTHER | TOTAL |
|--------------------------------------|--------|--------|-------|
| BASE EMPLOYMENT INCOME | | | |
| OVERTIME | | | |
| BONUS/COMISSION | | | |
| DIVIDENDS | | | |
| NET RENTAL INCOME | | | |
| SOCIAL SECURITY INCOME | | | |
| FOOD STAMPS (Food and cash benefits) | | | |
| MEDICAID / SLH | | | |
| HOUSING (SECTION 8 / HUD) | | | |
| CHILD SUPPORT / TANF | | | |
| UNEMPLOYMENT | | | |
| ALL OTHER INCOME | | | |



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| ASSETS | |
|-----------------------------------|-------|
| DESCRIPTION | VALUE |
| BANK, S&L, or Credit Union: | |
| BANK, S&L, or Credit Union: | |
| Bank , S&L, or Credit Union: | |
| IRA / KEOGH /Retirement account: | |
| Stocks and Bonds | |
| Life Insurance | |
| Real Estate | |
| Net Worth of Business Owned | |
| Automobiles (make and year) | |
| Furniture and personal properties | |
| Other assets | |
| TOTAL ASSETS (A) | |

| |
|--------------------|
| LIABILITIES |
|--------------------|



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| CREDITOR'S NAME | Monthly payment | Unpaid balance |
|---------------------------------|-----------------|----------------|
| Name: | | |
| Name: | | |
| Name: | | |
| Hospital/Medical expenses | | |
| Real estate loan / mortgage | | |
| Association Dues | | |
| Monthly Rent | | |
| Auto Loan / Lease | | |
| Auto Loan / Lease | | |
| Other debts | | |
| Alimony / child support payment | | |
| TOTAL LIABILITIES (B) | | |

Net Worth = A – B = \$ _____

I understand that in addition to filling out this application I will be required to provide supporting documents. I understand and agree to the fact that completing a financial aid application and supplying all necessary documents does not guarantee me or my dependants any aid. Moreover, I understand that it does not guarantee me or my dependent's admission to the school.

I also understand that if awarded tuition assistance, I will be required to work a specific number of hours (equal to the award) under the supervision of the school administration.



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I further understand that incorrect, missing or misrepresented information on this form, if found, can cause immediate termination of the award and I will be liable for back pay (even involving a collection agency) on all award money that I was not eligible for.

I understand that this form is not renewable from year to year and that it will have to be filled out again next year if I am still seeking aid.

I understand that students receiving aid will have to abide by the School’s Code of Conduct, mission and policies. Violation of these can result in loss of the financial aid and other disciplinary actions by the School. Moreover, a student receiving financial aid must maintain good grades and be a full-time student (Grade K-8).

I certify that all information provided on this application is true and correct.

Father/Custodian Signature: _____ Date: _____

Mother/Custodian Signature: _____ Date: _____

For your application to be considered, the following items need to be submitted in addition to this application. Incomplete applications will be rejected (No exceptions!):

- 1-Copy of Driver’s license (for all signers on this form)
- 2- Copy of rent receipt or mortgage statement
- 3- Copies of last 4 months bank statements
- 4- Copy of last 4 months utility bills
- 5- Proof of all income- Tax paperwork (W-2 Form from previous year)
- 6-Proof of all expenses