



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 August _____ for the Fall or December _____ for the Spring.

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

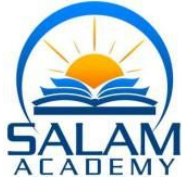
STREET _____

CITY _____ STATE _____ ZIP _____

OWN _____ RENT _____ : _____ (YEARS)

EMPLOYER NAME: _____

EMPLOYER ADDRESS: _____



Salam Academy

“Where Education Has No Limits”

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 _____



Salam Academy

“Where Education Has No Limits”

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			



Salam Academy

“Where Education Has No Limits”

ASSETS	
DESCRIPTION	VALUE
BANK, S&L, or Credit Union account: Address:	
BANK, S&L, or Credit Union account: Address:	
Bank , S&L, or Credit Union account: Address:	
IRA / KEOGH /Retirement account: Address	
Stocks and Bonds (No. and Description)	
Life Insurance	
Real Estate	
Net Worth of Business Owned	
Automobiles (make and year)	
Furniture and personal properties	
Other assets	
TOTAL ASSETS (A)	

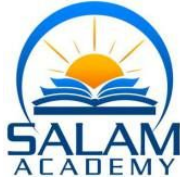


Salam Academy

“Where Education Has No Limits”

LIABILITIES		
CREDITOR’S NAME	Monthly payment	Unpaid balance
Name: Address: Account No.:		
Name: Address: Account No.:		
Name: Address: Account No.:		
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 =\$ _____



Salam Academy

“Where Education Has No Limits”

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 dependants 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.

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 I and above).

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
- 6-Proof of all expenses