

In the name of God, Most Gracious, Most Merciful
ISLAMIC ASSOCIATION OF MICHIGAN

18105 Racho Road - Brownstown - MI 48193

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REQUEST FOR SCHOLARSHIP FROM ISLAMIC ASSOCIATION OF MICHIGAN (IAM) (FOR EDUCATIONAL PORGRAMS CONDUCTED BY IAM)

DATE OF APPLICATION: _____

CLASS FOR WHICH SCHOLARSHIP/FEE ASSISTANCE IS BEING REQUESTED:
_____.

TEACHER'S NAME: _____

STUDENT'S NAME: _____

PARENT'S NAME: _____

ADDRESS: _____

FEE AMOUNT THAT PARENT CAN PAY/MONTH: _____
(PARENTS SHOULD PAY ATLEAST 50% OF THE FEE. 100% SCHOLARSHIP WILL BE APPROVED ONLY IN EXCEPTIONAL CIRCUMSTANCES, ADDITIONAL DOCUMENTATION MAY BE REQUESTED)

REASON FOR REQUESTING SCHOLARSHIP: _____

ACTIVITIES IN THE MASJID THAT PARENT CAN PROVIDE ASSISTANCE WITH: _____

STUDENTS SHOULD BE PROGRESSING SATISFACTORILY IN THE CLASS FOR CONTINUED SCHOLARSHIP SUPPORT.

I HAVE READ AND UNDERSTAND THE INSTRUCTIONS. I HAVE HAD AN OPPORTUNITY TO ASK QUESTIOS AND MY QUESTIONS HAVE BEEN ANSWERED TO MY SATISFACTION.THIS APPLICATION HAS TWO PAGES, INCUDING THE INSTRUCTIONS.

SIGNATURE OF PARENT:

DATE:

For office use only:

Reviewed by: Approved Not approved. (circle one)

Parent notified in writing on (date): _____ by _____

Date Teacher notified: _____ by _____

INSTRUCTIONS:

- 1. ALL SECTIONS OF THE APPLICATION SHOULD BE COMPLETED. INCOMPLETE APPLICATIONS WILL BE REJECTED.**
- 2. PROCESSING TIME: 2-3 WEEKS. THIS TIME MAY BE LONGER IF ADDITIONAL INFORMATION IS NEEDED TO PROCESS THE APPLICATION.**
- 3. ALL DOCUMENTS SUBMITTED WITH THE APPLICATION WILL BECOME THE PROPERTY OF IAM AND WILL NOT BE RETURNED.**
- 4. IF FEES ARE PAST DUE AND THIS APPLICATION IS NOT APPROVED, THE PARENT WILL BE RESPONSIBLE TO PAY ALL PAST DUE FEES.**
- 5. THE PARENT WILL BE RESPONSIBLE TO PAY THE REMAINDER OF THE MONTHLY FEE, IF ONLY PARTIAL SCHOLARSHIP IS PROVIDED, BY THE 5TH MONTH OF EACH CALENDAR MONTH.**
- 6. PLEASE SUBMIT ANY COMPLAINTS, IN WRITING, TO :IAM, ATTN: EDUCATION COMMITTEE, 18105, RACHO ROAD, BROWNSTOWN,MI:48193 OR E-MAIL: info@masjidumarbinkhattab.org**