

20010-2011 FINANCIAL AID (ZAKAT) APPLICATION

About Financial Assistance

Austin Peace Academy has asked the Muslim Community in Austin, Texas, to help secure Zakat money for our financial aid program in the academic year 2010-11. Financial assistance is for families who are economically challenged. The ceiling per child and family is established by the School Board and managed by the Financial Assistance Committee. The ceilings are set to ensure a fair and equitable distribution of financial assistance. We recommend and strongly urge the parents to seek out alternate sources of financial assistance with their local Masjid or find other means of support if in their opinion this amount is insufficient. This application must be answered completely and include the appropriate documentation to be eligible for consideration for financial aid by Austin Peace Academy as stated below.

Parents receiving financial assistance are required to volunteer a minimum of five (5) hours per week of their time to Austin Peace Academy (a minimum of 20 hours per month). Parents are also expected to be active participants in assisting the Parent Teacher Organization (PTO). Parents who work during school hours are expected to volunteer for weekend events such as monthly community dinners (table set up/clean up), Carnivals, Fundraising Dinner, etc.

Students are required to maintain a "B" average or above to continue to receive financial aid on a monthly basis. Progress Reports and Report Cards will be monitored.

PART 1: FINANCIAL SUMMARY

FATHER LEGAL NAME : _____

SOCIAL SECURITY#: _____ YEARLY INCOME (2009) _____

MOTHER'S LEGAL NAME: _____

SOCIAL SECURITY#: _____ YEARLY INCOME (2009) _____

EXPENSE SUMMARY

1. HOUSING: () RENT () OWN Monthly Rent/House Payment \$ _____
2. UTILITIES (Electricity, Water, Gas and Phone) \$ _____
3. MONTHLY AUTOMOBILE PAYMENTS \$ _____
4. AVERAGE MONTHLY GROCERIES \$ _____
5. OTHER SIGNIFICANT EXPENSE (S): _____ \$ _____

CERTIFICATION

I have read and understood the Austin Peace Academy policy regarding financial assistance, and I hereby certify that the information provided in this application is correct to the best of my knowledge. I also understand that my child(ren) will be disqualified if I intentionally falsify this application. I authorize Austin Peace Academy to perform any and all necessary credit report check(s).

(APPLICANT'S SIGNATURE)

(DATE)

FAMILY NAME: _____ **(Print in Block Letters)**

FATHER

FIRST NAME: _____

ADDRESS: _____, Apt. No. _____

City _____, Zip Code _____

Phone No. (Daytime) (_____) _____

Email Address _____

PROFESSION OR TYPE OF BUSINESS _____

IF EMPLOYED, NAME OF SUPERVISOR _____

WORK ADDRESS _____

WORK TELEPHONE _____

MOTHER

FIRST NAME: _____

ADDRESS: _____, Apt. No. _____

City _____, Zip Code _____

Phone No. (Daytime) (_____) _____

Email Address _____

PROFESSION OR TYPE OF BUSINESS _____

IF EMPLOYED, NAME OF SUPERVISOR _____

WORK ADDRESS _____

WORK TELEPHONE _____

Information on Each Student Applying for Financial Aid

Student's Name	Age / Grade 2009-10	Sex (M/F)	Financial Aid Received		Academic: "B" or better & Recommended (Y/N)
			2008-09	2009-10	
			Y N	Y N	
			Y N	Y N	
			Y N	Y N	
			Y N	Y N	
			Y N	Y N	

Names and Telephone Numbers of Three References

Last Name	First Name	Phone No.	Alternate Phone No.

