

The Huda Academy

3221 Anna Street :: Little Rock, AR 72204

Phone: 501-565-3555 Fax: 501-565-3203

WHERE GUIDANCE PROMOTES EXCELLENCE

Request for Financial Aid

Student Information

Student name: _____ Grade: _____

Student name: _____ Grade: _____

Student name: _____ Grade: _____

Student name: _____ Grade: _____

Student name: _____ Grade: _____

Parent or Guardian Information

Father's name and occupation: _____

Mother's name and occupation: _____

Parents' Income and Expense Information

[Please attach copies of Last 2 Pay Stubs & the previous year's Tax Returns]

Total monthly income: _____ Total annual income: _____

Monthly rent/mortgage payment: _____ Monthly car payment: _____

Specify type and amount of other monthly payments over \$200: _____

What is the total value of real estate, stocks, mutual funds, and other tangible and non tangible assets? _____

Do you accept Zakat? _____ How much can you afford to pay per month? _____

Parents' Certification and Authorization

We declare in front of Allah (SWT) that the information reported on this form, to the best of our knowledge and belief, is true, correct, and complete.

Signature: _____ Date: _____

Signature: _____ Date: _____