

The Huda Academy School Financial Aid Form

All pages must be completed and submitted collectively to the Huda Academy office

To help us process your application in timely manner, please provide the following documents. Documents submitted with any redactions or alterations will not be accepted.

- Copy of your photo ID
- Copy of your proof of bank statement(s) last 2 months
- Copy of your proof of income/ paystubs- last 2 months OR
- Submit last year income tax return

Failure to submit any of the above required documentation in full will result in an immediate denial of your application.

Student(s) Information:

2) Student's Full Legal Name (Last, First):
Gender \Box Male \Box Female
3) Student's Full Legal Name (Last, First):
Gender \Box Male \Box Female
4) Student's Full Legal Name (Last, First):
Gender \Box Male \Box Female
5) Student's Full Legal Name (Last, First):
Gender \Box Male \Box Female
6) Student's Full Legal Name (Last, First):
Gender 🗆 Male 🗆 Female



Parents/Guardians Infor		A			
		Age:			
		Social Security #:			
Gender: Mari	tal Status:O	Occupation:			
Residential Address:		Apt:			
City:	State:	Zip Code:			
Home Phone:	Cell Phone:				
Email Address:					
Name (Last, First):		Age:			
Date of Birth:	Social Sec	Social Security #:			
Gender:Mari	tal Status:C	Occupation:			
Residential Address:		Apt:			
City:	State:	Zip Code:			
Home Phone:	Cell Phone:				
Email Address:					
Are you Huda Academy so	chool teacher volunteer? Yes:	No:			
How much unearned incor	ne does your household receive each	h month? (unemployment, retirement			
income, child support, alimor	ny, etc.):				
How much money does yo	our household earn each month? (en	ter the amount before taxes for			
everyone in the home. Estimate	ate if the exact amount is notknown.): _				
Would you be able to pay	tuition partially? Yes: N	No:			
If yes, how much? (Base o	on one school year, 10 months) \$	per month			

I hereby witness (in front of Allah/God) that this application and the documents submitted with it are all true and correct.

I authorize Huda Academy to investigate my background and qualifications for purposes of evaluating whether I am qualified for Financial Aid.

Failure to provide the accuracy of your information may result in denial of your request.

Signature of Parent/Guardian			Date		
Office Use Only					
Approved: Total waived fee:	Denied:	Date:	/	_/	
Approved by:					