



Bismehi-Ta'aalaa

Al-Hadi School of Accelerative Learning

2313 S. Voss Road Houston, Texas 77057

P:713-787-5000x2500 Fax:713-513-5315

Website: www.alhadi.com e-mail: alhadi@alhadi.com

February 2017

FINANCIAL ASSISTANCE PROGRAM

Dear Parent:

Financial assistance is available at Al-Hadi School to make up for the difference between what families can afford and the actual cost of an Islamic education. The philosophy is that the children of families who cannot afford the full cost of education can still have an opportunity to attend an Islamic school and benefit from it. Families are expected to pay the cost of their child's education to the best of their ability.

Funds for Financial Assistance use are limited. These funds are available through private donations of community members.

Financial Assistance is available to Kindergarten – 12th grade students for the academic school year. Assistance is granted for the months of August through May. The grant is on a need basis with priority given to returning students whose parents are members of the Islamic Education Center (IEC).

Financial Assistance status expires at the end of the academic year (unless contract states otherwise) and must be reapplied for the next academic year. **The renewal process will be based on:**

- The student having achieved satisfactory progress, 85% or better, in the previous school year.
- The student having satisfactory evaluations in effort and a conduct grade
- The parent/guardian completing and submitting a new financial assistance application by the deadline and demonstrating financial need.
- Full payment of all account balances for the prior school year.
- Consumer Credit Report Check
- Availability of funds.

In return for financial assistance families shall provide assistance to the school in a non-financial manner, such as volunteering a few hours per week or month of their time and expertise in performing various tasks as directed by the school administration. These tasks may include helping with tutoring, driving students to field trips, school maintenance, special school occasions, etc.

If you will be applying for financial assistance for the next school year, please submit a completed Financial Assistance application form indicating annual tuition and registration fee amounts along with a **detailed letter explaining why you require this assistance**. Also provide **COPIES** of the following documents:

- Last 3 Paycheck stubs
- Last year's certified tax return and W-2 forms
- Last 3 months bank statements
- Proof of loan payments/debt

Please mail the above documents to Al-Hadi School OR hand them over to the school registrar in a "sealed" envelope.

If mailed, please call to confirm receipt of application. These documents will be kept strictly confidential. After receipt and review of **all** the required documents, you may be called for an interview. Any missing documents/information will delay the approval process. No financial assistance amount will be applied until you receive a written confirmation or a telephone call of the approved amount for assistance.

Approved financial aid applicants will not be subject to any additional discounts in the registration and tuition costs.

The priority deadline for submission for the 2017-2018 academic school year is **Monday, May 1st, 2017**. Thank you.

Sincerely,
Al-Hadi School Financial Assistance Committee



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Application for Financial Assistance School Year 2017-2018

Revised: 02/15/17

INFORMATION PROVIDED IN THIS APPLICATION WILL BE KEPT CONFIDENTIAL

Amount of Total Yearly Tuition:	\$ _____	Date: _____
Amount of Total Registration Fee:	\$ _____	
Total amount due (for the year):	\$ _____	How many academic months will your child(ren) attend: _____
Amount you can pay for the year/month:	\$ _____	What months will you need assistance: _____
Amount of Financial Aid requested this year:	\$ _____	What hours will your child(ren) be on the premises: _____ am- _____ pm

A. STUDENT(S) INFORMATION

_____	_____	_____	_____	_____
Last Name	First Name	M.I.	Grade	Age
_____	_____	_____	_____	_____
Last Name	First Name	M.I.	Grade	Age
_____	_____	_____	_____	_____
Last Name	First Name	M.I.	Grade	Age

B. FAMILY INFORMATION

_____	_____	_____	_____
Last Name	First Name	M.I.	Relationship to the Student
_____	_____	_____	_____
Number / Street	Apt. #	City	State Zip
_____	_____	_____	_____
Home Phone Number	Work Phone Number	Cell Number	Email Address

List the people that you (and your spouse) will support in the coming year. Include:

- ◆ Yourself
- ◆ Your spouse
- ◆ Your dependent children (if you provide more than half their support)

Include other people as part of your family if:

- ◆ They live with you and get more than half their support from you (or your spouse)

Full Name	Age	Relationship

C. FAMILY FINANCIAL INFORMATION (Add additional sheets as needed)

NOTE: Please provide: (1) Last 3 Paycheck Stubs, (2) Last 3 months bank statements,
 (3) Last year's certified tax return, (4) Proof of loan payment amounts
 (5) Detailed letter

1. ANNUAL INCOME earned from Work/Business

Employer/Business	Amount

2. ANNUAL INCOME from all other sources (Including Spouse and all working adults in your household)

Source	Amount

3. ASSETS that you/spouse own with their approximate values

Assets	Amount
Houses	
Cars	
Stocks & Bonds	
Other	

4. MONTHLY EXPENSES

Category	Amount
Rent/Mortgage	
Utilities	
Education	
Insurance	
Groceries	
Transportation/Gas/Car payments	
Other	

D. PLEDGE

1. What type of services can the parent(s) contribute to the school, in return for Financial Aid?

2. Is there any sponsor available? If yes, please provide name and contact information of the sponsor

E. SIGNATURE(S)

By signing this application, I (we) certify that all the information reported to qualify for Financial Assistance is complete and accurate. (If married, spouse must also sign.) I (we) also authorize Al-Hadi School to obtain a Consumer Credit Report, contact IRS and his/her employer for income verification purposes.”

Applicant

Date

Applicant

Date

FOR OFFICE USE ONLY

Received on: _____ By: _____

Reviewed on: _____ Date to be reviewed: _____

First month of discount: _____

Approved Returned for more information Amount of financial aid approved (monthly / annually)
\$ _____

Apply over _____ # of months FA to be provided from _____ month/year to _____
month/year

Comments:

Committee Members' Signatures: 1) _____ 2) _____