



Islamic Academy of San Antonio (IASA)
Full -Time Islamic School & Childcare Learning Center
8638 Fairhaven Street - San Antonio, TX 78229-2035
Tel: (210) 614-0202 Fax: (210) 614-0204
E-mail: iasa@icsaonline.org
www.iasaonline.net

Islamic Academy of San Antonio

Office of Financial Aid

**OFFICE OF FINANCIAL AID
IASA School Committee**

We kindly ask you to apply for financial aid only if you really need it. Allah is your witness.

To apply for financial aid for the 2019-2020 school year you need to:

1. Obtain the Financial Aid form from the administration office fill it out and sign.
2. Prepare all documents requested in the Financial Aid form for all working adults in the household.
3. Submit the form and all requested attachments to the Administration Office who will forward to the IASA Financial Aid Committee.
4. Submit one form per family (regardless of the number of children applying for financial aid).
5. Sign and submit the IASA tuition agreement.
6. Sign and submit the Volunteer Agreement form.

Please note the following:

1. *Registration fees are excluded from financial aid. (F.A. only applies to monthly tuition).*
2. *Financial aid is limited to a maximum of 50% of tuition depending on availability of funds & financial status of the family.*
3. *Only one discount applies to families. No combination of discounts will be allowed (e.g., financial aid & sibling discount cannot be combined).*

***The ISLAMIC ACADEMY FINANCIAL AID COMMITTEE utilizes the attached 2019 Federal Poverty Guidelines to determine eligibility.**



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PLEASE SUBMIT ALL DOCUMENTS TO THE FRONT OFFICE AT THE TIME OF APPLICATION TO FINALIZE YOUR ELIGIBILITY FOR FINANCIAL AID. IF DOCUMENTS ARE NOT PRESENTED OR PROPERLY FILLED OUT, YOU MAY BE DENIED FINANCIAL AID.

Please make sure to submit all the following items with your Financial Aid application:

- This complete form signed by the applicant
- IASA Tuition/Fee Agreement signed by applicant
- Volunteer Agreement signed by applicant
- Last year's Income Tax Report. (2018)
- SNAP/TANF Benefits (if applicable)
- Bank account statements (if applicable)
- Most recent paycheck stub or proof of monthly income (examples: letter from business, program, or financial institution.)
- You may also include a letter of circumstances to explain any special circumstances or add any additional information not asked on this form. (if applicable)

Also, the following will be counted towards your Financial Aid application: Initial each line.

- My student must have passed all subjects in the previous academic year. Initial _____
- My student will demonstrate (or will continue to demonstrate) excellent Islamic behavior. Initial: _____
- I, the legal guardian or parent, will volunteer my time to help at the Islamic Academy for at least **one event during the 2019-20 calendar year.** (Volunteer Agreement Form) Initial _____
- An administrator had thoroughly reviewed this Financial Aid application form and I understand what is required to qualify. Initial _____
- I understand and agree that the decision by the IASA Financial Aid Committee is final and is not open to negotiation or change once completed. Initial _____

Signature: _____

Date: _____



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ACCEPTANCE FORM TO CONTACT PLACE OF EMPLOYMENT

I, _____; and I, _____ (if both parents are employed), give my permission to Islamic Academy to contact my place of employment to verify that any or all of the information given to them by myself, seeking financial aid benefits, are true and correct to the best of my knowledge.

Signature

Date

Signature

Date

Parent 1:

Parent 2:

Name of employer: _____

Name of employer: _____

Address: _____

Address: _____

City _____ Zip code _____

City _____ Zip code _____

Telephone #: _____

Telephone #: _____

Name of employer: _____

Name of employer: _____

Address: _____

Address: _____

City _____ Zip code _____

City _____ Zip code _____

ACCEPTANCE FORM TO CONTACT IRS

I, _____; and I, _____ (if both parents are employed), give my permission to Islamic Academy to contact the Internal Revenue Service to confirm any or all of the information given to them by myself, seeking financial aid benefits, are true and correct to the best of my knowledge.

Signature

Date

Signature

Date



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Financial Aid Application Form
Student(s) Information

Student's name: _____ Grade: _____
 Student's name: _____ Grade: _____
 Student's name: _____ Grade: _____
 Student's name: _____ Grade: _____
 Father's name: _____ Telephone (Home): _____
 Mother's name: _____ Telephone (Work): _____
 Address: _____ Telephone (Cell): _____

INCOME INFORMATION

Name and net income of **ALL** working adults in your household:

Gross Income indicates amount before taxes and other fees are removed from paycheck

1. Name _____ Gross Income per year _____
 2. Name _____ Gross Income per year _____
 3. Name _____ Gross Income per year _____
Total Gross Income/year _____

Check any of the following if it applies to you:

___ checking account, if yes, how much is currently in the account? _____
 ___ savings account, if yes, how much is currently in the account? _____
 ___ collect rent on rent houses, if yes, how much monthly? _____
 ___ own real-estate property, if yes, what is its value? _____
 ___ business ownership, if yes, what is its value? _____
 ___ partnership in business, if yes, what is its value? _____
 ___ food-stamps, if yes, what is its monthly value? _____

Total Asset Value \$ _____



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EXPENSE INFORMATION

Residence:

\$ _____ Rent

\$ _____ House/Mortgage (Payment)

Total Residence expenses/month: \$ _____

Utilities: How much do you pay each month?

electric \$ _____ heating gas \$ _____ sewer \$ _____

water \$ _____ telephone \$ _____ internet & cable \$ _____

Total utility expenses /month: \$ _____

Car expenses:

TRANSPORTATION:

How many cars in are there in your household? _____

1. Make/Model: _____ Year: _____

2. Make/Model: _____ Year: _____

3. Make/Model: _____ Year: _____

Monthly payments \$ _____ fuel/month \$ _____ insurance/month \$ _____/month

Total transportation expenses/month: \$ _____

Medical Insurance (if not drawn from payroll) **total medical insurance/month: \$ _____**

Food, Clothing, Miscellaneous (\$150.00 per person x _____ people): **total/month: \$ _____**

Total expenses per month (add all totals from above) \$ _____

Applicants' signature: _____

Date: _____



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For IASA Financial Aid Committee Use ONLY

- | | |
|--|------------------------------|
| 1. Student Name: _____ | Grade: _____ |
| % amount awarded: _____ (Based on FPL Table) * | Monthly Tuition Amount _____ |
| 2. Student Name: _____ | Grade: _____ |
| % amount awarded: _____ (Based on FPL Table) * | Monthly Tuition Amount _____ |
| 3. Student Name: _____ | Grade: _____ |
| % amount awarded: _____ (Based on FPL Table) * | Monthly Tuition Amount _____ |
| 4. Student Name: _____ | Grade: _____ |
| % amount awarded: _____ (Based on FPL Table) * | Monthly Tuition Amount _____ |

comments _____

Administration Signatures:

Name: _____ Signatures: _____

Name: _____ Signatures: _____