



ISLAMIC SCHOOL OF PLAINFIELD: a community of learners

2138 Stanley Road • Plainfield • IN 46168

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Phone: 317-418-8111

FINANCIAL AID APPLICATION - CONFIDENTIAL

If you would like to apply for financial assistance, please provide the following information.

ISP does not share this information and it is collected for office use only.

Family Information:

List names and ages of all family members living in the household with the student

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Financial Information:

Father's Job:	_____	Father's Annual Income:	\$ _____
Mother's Job:	_____	Mother's Annual Income:	\$ _____
Other Sources of Income:	_____	Total Amount of Income:	\$ _____
Rent or own residence?	_____	Monthly rent/house payment:	\$ _____
Motor Vehicle Information			
Make:	Model:	Year:	
Make:	Model:	Year:	
Make:	Model:	Year:	

Financial Aid Policy:

A) ISP recognizes that Islamic education is essential for all Muslim children regardless of their financial status. Efforts will be made to reduce tuition for families who qualify to receive financial aid. To be considered, families in need must complete this application and submit it with the following documents:

- Federal Tax Return for the past two years**

B) Eligibility is determined by a criterion set by the School Committee of Education at the beginning of the academic year. The application will be reviewed by the administration staff at ISP. Families who qualify for financial aid are required to pay a minimum tuition for each child receiving financial aid (no full waiver). Financial aid does not cover book fees. Once accepted, the family's financial status will be reviewed every semester and the amount of aid may be adjusted based on the recommendations of the Board.

C) By signing this form, I understand that all information provided by me is accurate. I understand that ISP reserves the right to verify the above information independently. I understand that submission of this information does not constitute admission of my child or children into ISP. I also understand that providing false or inaccurate information on this form may result in the denial or revoking of my child or children's admission to ISP. If my child is accepted for admission, I agree to adhere to all the policies, procedures, rules and regulations established by the school including payment of school dues.

Parent/Guardian Signature: _____

Date: _____