## In the name of allah, the most gracious, the most merciful Islamic Center of Baton Rouge

Masjid Al-Rahman: 285 East Airport Avenue, Baton Rouge, LA 70806, Phone: (225) 924-0070

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www.ICBR-online.org

## FINANCIAL AID APPLICATION

## **Important Information:**

An application does not necessary approve sanction of financial aid rather it is a request and it is subject to the availability of funds/resources.

A.	Types	of Aid	l Sought	
	M	onetar	y help Other	
B.	Person	nal Inf	formation	
	1)	Name	×	
	2)	Addre	ess:	
	3)	Home	e Phone: Work Phone:	
	4)	Cell F	Phone:	
	5)	Email	l:	
	6)	Resid	ence Status in the United States:	
		US C	itizen Permanent Resident International Studen	ıt
		Other	:	
	7)	Marit	al Status (Check the appropriate box):	
		Singl	e Married Widow/Widower Divorce/Se	parated
	8)	Do yo	ou have children? Yes No	
		If yes	, write their particulars:	
		#	Name	Age
		1		
		2		
		3		
C.	Finan	cial In	formation	
	1)	Do yo	ou have a job? Yes No	
		If yes	,	
		Name	e of the employer:	

	Address:
	Contact Phone:Monthly Salary:
	Job Description:
2)	Do you children work? Yes No If yes, Contribution:
3)	Do you get food stamp? Yes No If yes, Amount:
4)	Do you get child support? Yes No If yes, Amount:
5)	Do you get any other financial help? Yes No If yes, Amount:
6)	Do you pay rent? Yes No If yes, Amount:
7)	Do you have a bank account? Yes No If yes, current balance:
8)	Do you have share household expenses? Yes No If yes, with whom and amount:
9)	Additional Comments:
certify that	all the information in my application is true and accurate to the best of n
certify that	all the information in my application is true and accurate to the best of m
nowledge.	all the information in my application is true and accurate to the best of materials.  Applicant:
nowledge.	all the information in my application is true and accurate to the best of materials.  Applicant: Date:
nowledge.	
nowledge.	Applicant: Date:
nowledge.	Applicant: Date:
nowledge. Signature of	Applicant: Date:  OFFICE USE ONLY
Receive	Applicant: Date:  OFFICE USE ONLY  ed Date: Evaluation Date:
Received Applica	Applicant: Date:  OFFICE USE ONLY  ed Date: Evaluation Date:  ation Status: Approved Denied