

## IACC Scholarship/Financial Aid Application

IACC USE ONLY					
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	<input type="checkbox"/> Withdrawn	Award Amount	Comments	

APPLICANT INFORMATION					
Last Name		First Name		Middle Name	
<b>(If Under 18):</b> Parent/Guardian Last Name		Parent/Guardian First Name		Parent/Guardian Middle Name	
Street Address					
City			State		
County			Home Phone		
Birth Date			Cell Phone		
Are you a legal resident authorized to enroll in a course of study?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Email Address		
What is your annual household income? (As reported on your latest tax return)			How many members are in your family?		
Which type of award are you applying for?	<input type="checkbox"/> Merit Scholarship (Must have past CGPA >= 3.7)			<input type="checkbox"/> Financial Aid	

PROGRAM DETAILS					
Program Name	<input type="checkbox"/> IACC Taqwa <input type="checkbox"/> Taqwa/SMU <input type="checkbox"/> IACC Aalim/Aalima <input type="checkbox"/> IACC Hifz/Nazira <input type="checkbox"/> Other _____				
Session Start Date		Session End Date		Total Session Fee	
Have you applied for Scholarship/Financial Aid at another organization? If yes, what is the amount you are expecting to be awarded by that organization?			What is the amount that you are requesting from IACC?		
If you are awarded scholarship/financial aid, how would you like to contribute back to the community? (IACC will have final discretion on which program will be assigned)			<input type="checkbox"/> Volunteering at IACC (IACC will decide which program can use your help) <input type="checkbox"/> Paying back the award at a later date to help us expand the program		

PAST EDUCATION (MOST RECENT FIRST)			
School/Institute	Program/Degree	CGPA	Graduation Year

STANDARDIZED TESTS (MOST RECENT FIRST)		
Test Name	Year Taken	Score

OTHER ACHIEVEMENTS
1.
2.
3.
4.

REFERENCES			
Name	Email Address	Relationship	Phone

STATEMENT OF PURPOSE
Why would you like to attend your desired program?

BELOW DOCUMENTS ARE REQUIRED FOR APPLICATION PROCESSING. PLEASE ATTACH WITH YOUR APPLICATION.
<input type="checkbox"/> Copy of most recent Tax Return (Please blank out sensitive information like Social Security Number)
<input type="checkbox"/> Copies of past Education credentials confirming CGPA obtained
<input type="checkbox"/> Copies of Standardized Test scores, if available

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge. I understand that false or misleading information in my application or interview may result in termination of Scholarship/Financial Aid' and I may be required to pay back any amount awarded. I understand that in case of arbitration IACC decision will be binding to all parties.	
Signature	Date
Parent/Guardian must sign this application if applicant is less than 18 years of Age.	
I certify that my answers are true and complete to the best of my knowledge. I understand that false or misleading information in my application or interview may result in termination of Scholarship/Financial Aid' and I may be required to pay back any amount awarded on behalf of the applicant. I understand that in case of arbitration IACC decision will be binding to all parties.	
Parent Signature	Date