



**ISLAMIC SOCIETY OF GREATER HOUSTON**

***Weekend Islamic School Tuition  
Assistance Application***

**Instructions:**

1. Please provide complete, detailed and specific information. Incomplete Forms will not be considered.
2. Please submit the following documents with the application: (a) Photo ID/DL and Social Security card (b) One month's pay stubs, (c) A copy of most recent income tax return, (e) Most recent bank statements, and (f) Other documentation that will support your application.

**Date:** \_\_\_\_\_

**Section 1: Biographical Information**

**Applicant Name:** \_\_\_\_\_ **Resident of ISGH Zone/ IC:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Photo I.D. /Driver's License#** \_\_\_\_\_ **Social Security #** \_\_\_\_\_

**Primary Phone:** \_\_\_\_\_ **Secondary Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**Type of Assistance Requested and reasons thereto:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section 2: Applicant's Household Information:**

**Marital Status (Single/ Married/Divorced/widowed):** \_\_\_\_\_ **Are you disabled: Y/N**

**Total Number of Household Members:** \_\_\_\_\_ **Adults** \_\_\_\_\_ **Dependent Children** \_\_\_\_\_

**Place of Residence (Y/N): Own Home** \_\_\_\_\_ **Rental** \_\_\_\_\_ **Subsidized Housing** \_\_\_\_\_ **Shelter:** \_\_\_\_\_

**Other (specify):** \_\_\_\_\_

Means of Transportation(Y/N): Automobile \_\_\_\_\_Public Transportation \_\_\_\_\_Other: \_\_\_\_\_

Employment (Y/N): Full Time \_\_\_\_\_Part Time \_\_\_\_\_Self Employed \_\_\_\_\_Unemployed \_\_\_\_\_

If employed, Employer \_\_\_\_\_Job Title \_\_\_\_\_

If married, name of spouse: \_\_\_\_\_

Is your spouse employed: Y/N

If yes, where \_\_\_\_\_Job Title \_\_\_\_\_

**Section 3: Applicant's Circumstances:**

Total Household Monthly Income: \$ \_\_\_\_\_

Total Household Monthly Expense: \$ \_\_\_\_\_

Are you receiving financial and other assistance such as:

(a) Food Stamps: \_\_\_\_\_, (b) Social Security: \_\_\_\_\_, (c) Medicare: \_\_\_\_\_,

(d) Temporary Needy Family Assistance: \_\_\_\_\_, (e) Medicaid: \_\_\_\_\_,

(f) Subsidized /Public Housing: \_\_\_\_\_, (g) Shelter: \_\_\_\_\_,

(h) Food Supplementary Program: \_\_\_\_\_, (i) Alimony/Child Support: \_\_\_\_\_,

(j) Government Student Loans/Scholarships: \_\_\_\_\_

If yes, specify Source and \$ monthly amount \_\_\_\_\_

**Section 5: References** (List the names of persons who can substantiate the information above)

Name \_\_\_\_\_Phone \_\_\_\_\_Relationship \_\_\_\_\_

Name \_\_\_\_\_Phone \_\_\_\_\_Relationship \_\_\_\_\_

I declare that all information and facts given above are true and correct to the best of my knowledge with Allah (SWT) as my Witness!

**Applicant Signature** \_\_\_\_\_; **Date** \_\_\_\_\_