



## Financial Aid Application

(Financial aid is subject to funds and seats availability per grade)

**Please read the following instructions:**

Make sure all supporting documentation is submitted with the application. Incomplete applications will not be considered for financial aid. Submission of this application does not guarantee any financial aid. The ILM financial aid committee will determine the eligibility and the amount to be granted, if any, based on the criteria set for that purpose. If no financial aid (or partial aid) is granted, it is the full responsibility of the student's family to guarantee full payment of the tuition and other financial obligations specified by ILM. Please submit only one application per family.

**Please initial next to each statement:**

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|--|---|
| <p><b>1)</b> All financial aid awards are subject to availability of donor funding and seats per grade. ___</p> <p><b>2)</b> All Financial Aid applicants are subject to a minimum payment of 20% of the tuition. ___</p> <p><b>3)</b> Financial Aid does not cover any fees or costs besides the tuition portion of fees. ___</p> <p><b>4)</b> Financial Aid applies only to grades KG and up. ___</p> <p><b>5)</b> Financial Aid program requires parent(s) to volunteer at the school at least an average of 3 hours per month. ___</p> | <p><b>6)</b> ILM has the right to request more info as needed, and incomplete forms will not be considered. ___</p> <p><b>7)</b> Please send photocopies of all financial documents as they will not be returned, but will be destroyed once the application is processed. ___</p> <p><b>8)</b> Your Financial Aid status will be reviewed again in December. School has right to adjust the aid based on the updated information. ___</p> <p><b>9)</b> Please submit the <b>completed</b> Financial Aid Application to the School Office along with the Processing Fee, with a check payable to ILM Academy. ___</p> |
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Father Last Name: _____			Father First Name: _____			MI: _____				
Work:										
Company Name			Home Address		City		State		Zip	
Phones - Home: _____			Work: _____			Cell: _____		Email: _____		
Mother Last Name: _____			Mother First Name: _____			MI: _____				



Work:

Company Name	Home Address	City	State	Zip
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Phones - Home: _____	Work: _____	Cell: _____	Email: _____
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Are the parents divorced? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, do you receive any type of child support/alimony? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Total number of dependents in your family you claim on your tax return	Parents currently working? <input type="checkbox"/> both <input type="checkbox"/> Father <input type="checkbox"/> Mother
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**Vehicles Owned by Family (Use back of page if needed):**

Make	Model	Year
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**Family's Children: (Use back of page if needed)**

Name	Applying for Financial Aid At ILM	Currently Attends ILM? If No. name of school	Cost of attending school	Current Grade	Date of Birth
1. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No _____	_____	_____	_____
2. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No _____	_____	_____	_____
3. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No _____	_____	_____	_____
4. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No _____	_____	_____	_____

**Volunteering History:**

	When	Where	Contact Info
Any family member volunteered with ILM? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
Any family member volunteered with any other entity? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____

**Family's Gross Income, including earned wages prior to 401K contributions, any unemployment wages, family leave or disability benefits, alimony, child support or charity received, etc.**

Family's Gross Income for previous year \$ _____	Family's Gross Income for current year \$ _____
Family owns or rents place of living: <input type="checkbox"/> Own <input type="checkbox"/> Rent	Family's total value of cash (including bank accounts) \$ _____



Family's total value of Real Estates assets: \$ _____	Family's total value of debts: \$ _____
Family's total value of investment plans (401k, stocks, etc.) \$ _____	Family's total value of pension and retirement plans: \$ _____
Family's total value of valuable items (like gold, boats, etc.) \$ _____	Total value of all businesses owned by family: \$ _____
If you expect your family's income for the current year to be significantly lower than previous, what is the estimated amount \$ _____ <i>(If you want us to consider your estimated current year income, you must submit an explanation of the change along with evidence showing current year income estimate such as paycheck stubs, layoff notice, unemployment benefits, etc.)</i>	How much can the family contribute to <b>each</b> of the children's educational cost for the year: \$ _____
	Do you own a business, partnership in a business, business outside the country. _____
	Total value of child support/alimony received \$ _____

**Section 3: Parents Documentation:**

The following documents **must be** submitted with this application from both parents or the application will not be considered.

<input type="checkbox"/> Previous two years Federal Tax Return	<input type="checkbox"/> Previous Year Earnings Statements (401k, pensions, stocks, and other investment)
<input type="checkbox"/> Last 6 month of bank statements	<input type="checkbox"/> Proof of Current Income (Employer Letter, or last 3 pay stubs)
<input type="checkbox"/> Rental agreement or mortgage papers	<input type="checkbox"/> Assets documentations (Real Estates, Businesses, etc.)
<input type="checkbox"/> Debt documentation (Credit card statements 6 months )	<input type="checkbox"/> Notes (use external sheets to explain any circumstance – financial or otherwise – that needs to be considered)
<input type="checkbox"/> Income Statement (ONLY Business)	<input type="checkbox"/> Balance Sheet (ONLY Business)

**Section 4: References**

Provide the names and phone numbers of two references (other than your immediate family) we can contact regarding your financial need.

1) Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

2) Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Section 5: Signatures & Acknowledgements:**

The parent(s)/guardian(s) swear(s) by ALLAH that I/we hereby certify that the information supplied above is complete and accurate to the best of my/our knowledge; and that I am/we are obliged to inform the school within three months if any financial situation changes. I/We also acknowledge that:

- Any misinformation provided is grounds for dismissal of student(s) and/or disqualification from financial aid for two years
- The school reserves the right to review the financial status of the applicant at any time
- I/We understand that the Financial Aid grant awarded this year does not guarantee grant for all subsequent years or for grant of new siblings at ILM Academy
- I/We understand that our Financial Aid status will be reviewed around the middle of the school year to confirm financial assistance is still required.

Applicant's Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_



<b>ILM Office use only:</b>	Financial Aid granted? <input type="checkbox"/> Yes <input type="checkbox"/> No	Granted for the month(s) of: _____ (new documents must be reviewed within 6 months)
Full Tuition Amount \$ _____	Percent granted: _____%	Family's monthly responsibility:\$ _____
Annual financial aid amount: \$ _____	Amount granted per month \$ _____	FA Sign: _____
Required Volunteering Hours per Month: _____	Earned Volunteering Hours per Month: _____	Family Sign: _____