

Bismehi-Ta'aalaa

SABA Academy

4415 Fortran Court, San Jose CA 95134
408-946-5900 ❖ sabaacademy.org

Re: **FINANCIAL ASSISTANCE PROGRAM**

Dear Parents:

Financial assistance is available at SABA Academy to make up the difference between what families can afford and the actual cost of an Islamic education. The philosophy is that the children whose families cannot afford the full cost of education can still have an opportunity to attend an Islamic school and benefit from it. Families are expected to pay the cost of their child's education to the extent of their ability.

Funds for Financial Assistance use are limited. These funds are available through private donations of community members and Khums.

Financial Assistance is available to Kindergarten – 8th Grade students for the academic months (August through June) and is granted on an as needed basis with priority given to returning students and whose parents are members of the SABA Center.

Financial Assistance status expires at the end of the academic year (June, unless contract states otherwise) and must be reapplied for the next academic year. The renewal process will be based on:

- ❖ The student having achieved satisfactory progress, 75% or better, in the previous school year.
- ❖ The student having satisfactory evaluations in effort and conduct grade
- ❖ The parent/guardian completing and submitting a new financial assistance application by the deadline and demonstrating financial need.
- ❖ Full payment of all previous school year account balances.
- ❖ Availability of funds.

In return for financial assistance, families shall provide assistance to the school in non-financial manners such as providing **20 hours/year** of their time and expertise in performing various tasks as directed by the school administration. These may include tutoring, driving students to field trips, school maintenance, special school occasions, fundraisers, etc.

If you will be applying for financial assistance for the next school year, submit a completed Financial Assistance application form indicating annual tuition and admission fee amounts along with a detailed letter explaining why you require this assistance. Also provide **COPIES** of the following documents:

- ❖ Last 2 Paycheck stubs
- ❖ Last 2 months bank statements
- ❖ Last year's certified tax return and W-2 Form(s)
- ❖ Proof of loan payments/debt

Please mail the above documents to the following address OR hand deliver them to the school office in a "**sealed**" envelope:

SABA Academy
Attn: *Financial Assistance Committee*
4415 Fortran Court
San Jose, CA 95134

These documents will be kept strictly confidential. After receipt and review of **all** the required documents, you may be called for an interview. Any missing documents/information will delay the approval process. No financial assistance will apply until parent receives written confirmation of the approved amount of assistance to be provided. The priority deadline for submission for the New academic year is May 30th. **Please submit your application within one week, if you apply after the priority deadline.**

Sincerely,

SABA Financial Assistance Committee

SABA Academy

Application for Financial Assistance
School Year _____

INFORMATION PROVIDED IN THIS APPLICATION WILL BE KEPT CONFIDENTIAL

Amount of Total Yearly Tuition: \$ _____ Date: _____
Amount of Total Admission Fees: \$ _____
Total amount due (for the year): \$ _____ How many academic months will your child(ren) attend: _____
Amount you can pay for the year: \$ _____ What months will you need assistance: _____
Amount of Financial Aid requested this year: \$ _____ What hours will your child(ren) be on the premises: _____ am- _____ pm

A. STUDENT(S) INFORMATION
Last Name First Name M.I. Grade Age
Last Name First Name M.I. Grade Age
Last Name First Name M.I. Grade Age

B. FAMILY INFORMATION
Last Name First Name M.I. Relationship to the Student
Number / Street Apt. # City State Zip
Home Phone Number Work Phone Number Mobile/Pager Number Email Address
List the people that you (and your spouse) will support in the coming year. Include: Yourself, your spouse, your dependent children (if you provide more than half their Support)
Include other people as part of your family if they live with you and get more than half their support from you (or your spouse)
Full Name Age Relationship

C. FAMILY FINANCIAL INFORMATION (Add additional sheets as needed)

NOTE: Please provide: (1) Last 2 Paycheck Stubs, (2) Last 2 months bank statements,
(3) Last year's tax return, (4) Proof of loan payment amounts
(5) Detailed letter

1. ANNUAL INCOME earned from Work/Business

Employer/Business	Amount

2. ANNUAL INCOME from all other sources (Including Spouse)

Source	Amount

3. ASSETS that you/spouse own with their approximate values

Assets	Amount
Houses	
Cars	
Stocks & Bonds	
Other	

4. MONTHLY EXPENSES

Category	Amount
Rent/Mortgage	
Utilities	
Education	
Insurance	
Groceries	
Transportation/Gas/Car payments	
Other	

D. SIGNATURE(S)

By signing this application, I (we) certify that all the information reported to qualify for Financial Assistance is complete and accurate. (If married, spouse must also sign.)

____ Applicant _____ Date Applicant _____ Date

SABA Academy provides financial assistance from the funds provided by community members. Since these funds are limited, SABA Academy may not be able to provide the financial assistance that you have requested.

Please submit this completed application & supporting documents in a sealed envelope to: SABA Academy office or mail to: SABA Academy Financial Assistance Committee, 4415 Fortran Court, San Jose CA 95134

FOR OFFICE USE ONLY

Approved Returned for more information Amount of financial aid approved (monthly / annually) \$ _____
 FA to be provided from _____ month/year to _____ month/year

Comments: _____

Committee Members' Signatures: 1) _____ 2) _____