



August 12, 2020

Dear parents

As our school continues to grow and expand, we are in the process of reorganizing our school's administrative and academic policies. Accordingly, we are instituting a new financial aid policy. It is Alazhar School's philosophy to do our best to help out every family in need; however, the school itself must be able to maintain its financial stability. We are pleased to announce that we have presently received pledges from some community members to contribute to a special fund created specifically for tuition assistance.

In order to accommodate both the school's needs and our families who need our assistance, the following financial aid policy is now in effect:

1. Families interested in applying for financial aid must complete a formal financial aid application and provide all necessary documentation prior to the beginning of every school year. This includes families who have received financial aid in the past. **All families must reapply for financial aid yearly.**
2. The school board of Directors will have the final decision on awarding these funds based on availability of funds and the principal's recommendation.
3. Financial aid will be decided on a first come first serve basis.
4. Financial aid will be based on fund availability.
5. Students that receive financial assistance must maintain (C+) grade, and model appropriate behavior.
6. Families that qualify and receive the Step Up for Students Scholarship will need to fill out an additional application for further financial assistance if needed. If families are granted a waiver for the difference between any of the Florida Tax Credit Scholarship and the actual school's tuition, they will be required to pay the books, science lab, resources and registration fees in full as outlined in the school's handbook.

7. **All families that receive tuition assistance will be required to volunteer between 5 -10 hours of work at the school each month. Families that do not fulfill this requirement for two months in a row will lose their tuition assistance.**
8. Any remaining funds will be awarded to qualified applicants on a first come first serve basis, until the fund is depleted – based on the following guidelines

<b>Household size</b>	<b>Income</b>
<b>2</b>	<b>\$30,597</b>
<b>3</b>	<b>\$38,451</b>
<b>4</b>	<b>\$46,305</b>
<b>5</b>	<b>\$54,159</b>
<b>6</b>	<b>\$62,013</b>
<b>7</b>	<b>\$69,867</b>
<b>8</b>	<b>\$77,721</b>

The Board of Directors urges the families that are in need of tuition assistance, and the community in general, to spread the word about this program among businesses that could donate to increase its funds so we can make it available to other families in need.

Sincerely,

Alazhar School Board of Directors

## Application for Financial Aid

Name of Student \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_  
                         Street                        City                        State                        Zip code

Telephone \_\_\_\_\_  
                         (Area code)

\_\_\_\_\_  
         Father's Name                        Occupation                        Annual Salary

\_\_\_\_\_  
         Mother's Name                        Occupation                        Annual Salary

### Additional Financial Resources

1. Source: \_\_\_\_\_ Amount per Month \_\_\_\_\_ per Year \_\_\_\_\_
2. Social security benefits, SSI, and Disability \_\_\_\_\_
3. Welfare/Cash Assistance (Yes/NO), amount \_\_\_\_\_
4. Child Support (Yes/NO), amount \_\_\_\_\_

### Household Information

People in Household (Do not include parents or student who is applying for assistance)

Name \_\_\_\_\_ Age \_\_\_\_\_ Relation to student \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relation to student \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relation to student \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relation to student \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relation to student \_\_\_\_\_

I \_\_\_\_\_ certify that the information provided on this application and all supporting documentation is true, correct and complete to the best of my knowledge. I understand that if I give information that is not true or correct or if I withhold information and my children receive a financial assistance for which they are not eligible. I can be lawfully punished for fraud and will result in returning all paid tuition assistance funds, and revoke the tuition assistance.

_____ Parent/Guardian Signature	_____ Parent/Guardian Signature	_____ Date
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For Office Use Only      \_\_\_\_\_ Approved      Scholarship Amount \_\_\_\_\_ per year  
    \_\_\_\_\_ Not Approved

**Area of Volunteer**

	<b>Father</b>	<b>Mother</b>
• Administration	_____	_____
• Mentoring Student	_____	_____
• Supervising children during Snack & Lunch.	_____	_____
• Chaperon in Field trips	_____	_____
• Helping in the classroom	_____	_____
• Helping during school events (Reading night, open house, graduation, pizza, & selling ice cream)	_____	_____
• Helping teachers from home (Typing news letters, making calls)	_____	_____

Others \_\_\_\_\_

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## **Required Documentation**

1. Submit a copy of the 2020 Federal Tax Return Form 1040, 1040A or 1040 EZ (as filled with the IRS, with all schedules).
2. Any supportive documents to reflect changes in the household since filling for the income tax (pay stubs for at least the past 6 weeks).
3. Students must be legal residents of the United States.