

## **Financial Aid Request Form**

Please complete this form to request the receipt of financial aid from the collected Zakat.

Once completed, hand this application to the Imam or fold it and drop it in the Zakat collection box. An MCC representative will contact you regarding your request.

Contact information:		
Name:		
First	Last	
Address:		
Street		
City	State	Zip Code
Phone Number:		
Primary		Secondary
Requested Amount:		
Reason for financial aid request:		
Applicant Signature:		

NOTE: More information may be requested for larger amounts or for the receipt of financial aid at regular intervals

The completion of this form does not guarantee financial aid or the amount of aid requested. Collected Zakat is limited and distributed according to need and availability.

## **DO NOT WRITE**

## THIS SIDE FOR OFFICE USE ONLY

Application Received By:			
	Name		Date
Reviewed By:			
	ames		Date
Conclusion: Amount given:			
Explanation for Decision:			
Zakat Distributed By:		_	
Signature:		Date:	
Zakat Received By:		_	
Signature:		Date:	

**DO NOT WRITE** 

THIS SIDE FOR OFFICE USE ONLY