



MADINAH
COMMUNITY CENTER
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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: _____ Date: _____

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: _____

Names 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