

Islamic School of Columbia-Missouri

408 Locust St. Columbia, MO 65201 (573) 442-1556 Fax: 1-800-531-8816 office@theiscm.net www.theiscm.net

SCHOLARSHIP / REDUCED TUITION APPLICATION for KG-6th grades

ISC-M School awards reduced tuition to assist Muslim families in providing quality Islamic education to their children. The following is a list of priorities in awarding the scholarships. These priorities determine the availability and amount of scholarship awarded.

- 1. The gross monthly income based on tax returns from last year and other assistance.
- 2. Number of dependents in the family.
- 3. Number of children enrolled at ISC-M.
- 4. Applicants' academic performance.
- 5. Parents' involvement in School Volunteer Program.

Please be advised that submission of this application does not constitute acceptance. You will be notified with a written letter of any tuition reduction awarded. Scholarships are for kindergarten through sixth grade students only. You must provide a complete application and all supporting documents before your application is accepted. Only completed applications are processed. They must include financial records (tax returns, salary letter or pay stub from current employer(s)/embassy), documentation from any government agency providing monthly assistance (Family Service Department (FSD), Section 8 Housing, SNAP, Medicaid, Welfare, alimony, child support etc.)

Name of Father:		Mobile #:	
Occupation:			
Address:			
Name of Mother:		Mobile #:	
Occupation:			
Address: (if different from abo	ove)		
Names of student(s) applying	for scholarship:		
1)	Grade	4)	Grade
2)	Grade	5)	Grade
3)	Grade	6)	Grade
Reason for requesting schola	rship/reduced tuition:		
Please provide all the information 1. What is your total income experience of the second seco		ions 1-8. ar thru May of next year for each:	
Father:	Mother	Other income for the household:	
2. Number of dependent child	dren? Ages?		



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3. How	many children will attend	the ISC-M?	
4. Did y	ou receive reduced tuition	before from the ISC-M? (yes	or no) If yes, how many times?
5. Did y	ou have any debt or othe	r financial responsibility that ca	n affect your ability to pay tuition?
Explain	:		
6. Wha		nce you receive each month fro eceive that type of assistance)	m:
	Food stamps/SNAP	Medicaid	Section 8 Housing Assistance
	Welfare payment	Child Support	Other government support
7. Do y	ou receive any other living	g expense assistance or income	e not already listed above? If yes, list amount & source.
(yes or	no)		
Please	submit the following to co	mplete your application:	
* * * * * 8. How	academic record from pre written verification of amount re Food stamps/SNAP Section 8 Housing Assista Committee decision is expect Only written approval signed Tuition assistance is not ren Reduced tuition is only offer The committee will not reviev Failure of student and/or fam	cation letter with monthly salary/stipend vious school for each child (if not attended to school for each child (if not attended to school for each type of assistance: Medicaid Chance Other government supported within ten working days after compared by the chairman of the scholarship ewed automatically. A new application of the school for students from grade KG-6. Now an application until the application	ding the ISCM for the previous school year) ild SupportWelfare payment portOther incomes implete application submission. committee constitutes a commitment on the part of the school. on must be submitted for each year.
earnings	of any kind. This verification	will be used only for the purpose of ALL INFORMATION IS SUBJI	
Date: _		Signature: Do not write bel	ow this line
		Do not write ber	ow and mic
Committe	mments: All verification docume se decision: () approved () r ss of reduced tuition:		
Chair Sa	holarchia committoo:		Date: