



AL MANARA
ACADEMY

2024-2025 Financial Aid Application (\$50 Non-Refundable Application Fee Per Family)

Financial Aid Information

Families who are in a condition of financial hardship and who provide solid proof of such hardships will be qualified to apply for scholarship for their children. Al Manara Academy is limited to how much financial aid it can afford to give in scholarships every year. All applications will be carefully reviewed and compared with each other for the purpose of determining who should be given first priority

The following documents must be included with the completed application before July 31, 2024, otherwise, the application could not be considered.

- 1. A COPY OF YOUR 2023 FEDERAL INCOME TAX FORM (1040) and W2 or 1099 form**
- 2. COPIES OF YOUR LAST 2 PAY STUBS**
- 3. FOOD STAMPS (if applicable)**
- 4. BANK STATEMENTS for THE LAST 2 MONTHS**

Nondiscriminatory Statement

Al Manara Academy admits qualified students of any race, national, and ethnic origin to all of the rights, privileges, programs, and activities generally accorded or made available to students. It does not discriminate on the basis of race, national and ethnic origin, or gender in the administration of its educational policies, admissions policies, financial aid programs, or athletic and other school programs.



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General Student Information

How many of your children will you be enrolling with Al Manara Academy for the 2023-24 school year?..... _____

Please list the students below:

Student Full Name: _____ Grade: _____

Student Full Name: _____ Grade: _____

Student Full Name: _____ Grade: _____

Student Full Name: _____ Grade: _____

Household Information

*Father's Full Name, Cell, Email Address: _____

*Mother's Full Name, Cell and Email Address: _____

Marital Status:

• Married Separated Divorced Widowed Other: _____

* Father's Home Address: _____

* Mother's Home Address: _____ (same as Father)

***Parents filing single or filing separately MUST provide tax copies for BOTH parents**

I certify, under the penalty of perjury and fraud, that all of the information in this form is true and complete to the best of my knowledge. I agree to give proof of the information that I have included in this application. I realize that this proof may include a copy of my Bank Statement, Social and Public Benefit Aid, Federal, State and/or Local Income tax returns. I also realize that if I do not give proof, the student(s) may be denied financial aid. I also authorize Al Manara Academy officials to check my credit and employment information from all my creditors and employers. The information requested can include my financial income and payments. **I also agree to pay my children's due monthly tuition fees by the only accepted ACH method (Bank Direct Withdrawal Check-O-Matic)**

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Verification of Employment: FATHER

*Father Employer _____

*Employer Address: _____

*City _____ *State _____ *Zip Code _____

*Employer Phone: _____

*Father Occupation: _____

*Monthly Income: _____

Verification of Employment: MOTHER

*Mother Employer: _____

*Employer Address: _____

City _____ *State _____ *Zip Code _____

*Employer Phone: _____

*Mother Occupation: _____

*Monthly Income: _____

By signing your name below, you authorize your employer to provide all the information needed by the administration of Al Manara Academy to verify your employment information. Any false declaration may result in denial of financial aid, and could result in other legal actions.

Parent Signature: _____ Date: _____



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**ANNUAL CHECK – O – Matic TUITION PAYMENT FORM (ACH)
(One per family)**

AR# _____ (office use)

PARENT FULL NAME

First _____ Middle _____ Last _____

Monthly Tuition of \$ _____ payable from _____ 202_ to _____ 202_

Child Name & Grade _____ Child Name & Grade _____

Child Name & Grade _____ Child Name & Grade _____

I give permission to Al Manara Academy to withdraw from my bank account the monthly tuition payments I have indicated above. I also understand that I may change or end tuition payments at any time with a written notice.

Bank Name _____

Bank Routing Number (9 digits number preceding bank account number.) _____

Bank Account number _____

Signature _____ Date _____

**Voided check is required for verification purposes.
\$20 charge for Returned payment**