



Hidaya Foundation
www.hidaya.org

Application for Assistance Sponsor A Student (Monthly) – HF200App District Operations

False information or incomplete form may cause rejection of application

- 1. Is the applicant eligible to receive Zakat: Yes No Why? _____
- 2. Name of Student: _____ 3. Is Father _____
- 4. Student's National ID Card No. _____ 5. Date of Birth: _____
(attach a photocopy)
- 6. Complete Address: _____
- 7. Does the Applicant currently attend School: Yes No If yes, which Class _____
What Month, Year will Applicant complete current class and current degree? _____
- 8. Head Master Name and School / College's Address/Tel.: _____

9. Details of yearly expenses (in local currency) paid by the Applicant / Parent

School Fees Paid Yearly	Cost of Text Books	Admission Fees	Other Expenses

- 10. What are the Applicant's grades for the last 2 years? (Attach photocopy) _____
- 11. Does the Student work: Yes No If yes, how much? _____
- 12. Does the Student have any skills or training which? _____
- 13. Has the Applicant received any financial help from any source such as Government or School, in last 2 years? Yes No If yes, how much? _____
- 14. Father's / Guardian's Name: _____
- 15. Father's/Guardian's National ID Card No. _____
- 16. Total Number of Family Members _____ Family earning members in the family: _____
- 17. Total Monthly Family Income _____
- 18. Two references who can vouch for the Applicant's information: _____

Name	Tel. Numbers & E-mail Address

Statement of Truth: I hereby declare that the information provided above is true and correct. By signing this form, we hereby agree that Hidaya Foundation will use the information provided to determine if the applicant qualifies for Zakat, we authorize Hidaya Foundation to use Zakat funds to assist the applicant. This application does not guarantee that the applicant will qualify to receive Zakat. We understand that the information provided is incorrect or that the student is involved in a terrorist or criminal activity, we understand that the student can be made and the student is able to prove his/her innocence.

Signature of Parent / Guardian: _____
Date _____

For Office Use only
Field Investigation Form and attach to this document

- Investigation Form attached? Yes No By whom? _____ What date? _____
- Investigation Time One-Time **or** Per Month for: 6 months 12 months Does Not Qualify
- Investigation by Resident or Country Manager? Yes No What date? _____
- Regional Director: _____ Date _____