



The Islamic Education School

FINANCIAL AID QUESTIONNAIRE

Please fill out this questionnaire and provide your previous year US federal tax return fillings in a sealed envelope. All information received is treated as strictly confidential.

First and Last Name: _____ Phone: _____

Students Names and Grades: _____

What is the nature of your hardship?

___ TIES payment timing

___ TIES payment amount

If (B) applies: How much can you afford to pay per month per child: _____

Write schedule per day for the services guardian promises³ to volunteer for TIES

	Sun.	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.
Teaching Assistant							
Clerical							
Custodian – Daytime							
Custodian – Nighttime							
Meal Preparation and Serving							
Building Maintenance ⁴							
Building Maintenance – Handyman							
Landscaping							
Recess/ Lunch							
Dropoff and Pickup Monitor							
School Special Events							
Information Systems							

I, the undersigned, state the information provided above is truthful. Date: _____

Full Legal Name: _____ Signature: _____

For Internal Use Only:

¹ This information is needed to assist TIES in seeking private grants

² Circle all that apply. If (A) applies, please write attach a letter detailing the parents payment timing preferred



³ Failure to show up during scheduled hours may result in children's suspension from TIES classes⁴ Electrician/Plumbing Certificates required.