



# Islamic Education Center of Pennsylvania

6635 Tilghman Street Allentown PA 18106 Phone (610) 340-0095

Zakatul Mal Fund

## Financial Assistance Request Form

Name: \_\_\_\_\_ ( ) Single ( ) Married

SS# \_\_\_\_\_ Driver ID \_\_\_\_\_

Phone \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Previous Address: \_\_\_\_\_

No. of Dependents: \_\_\_\_\_

### Reason for Financial Assistance Request:

\_\_\_\_\_  
**Signature of Applicant** (I hereby confirm that the information provided on this form is current and correct)

Amount requested: \$ \_\_\_\_\_

Request Reviewed by: \_\_\_\_\_

Need Additional Information ( ) Yes ( ) No

Applicant advised of the type of additional information required to further consider request.

Recommendation based on: ( ) Interview  
( ) Personal knowledge

Committee recommendation ( ) Yes ( ) No

Amount Approved: \$ \_\_\_\_\_ Approved by: \_\_\_\_\_

Mode of payment ( ) Check ( ) Cash Payment Received:

\_\_\_\_\_  
Signature of Applicant