



MUSLIM COMMUNITY CENTER – EAST BAY

5724 W. Las Positas Blvd., #300, Pleasanton, CA 94588

scholarship@mccceastbay.org | mccceastbay.org | 925.485.1786 Ext. 3

APPLICATION FOR AN EDUCATIONAL SCHOLARSHIP

FOR A CLASS, CAMP, WORKSHOP, EDUCATIONAL EVENT, WEEKEND SCHOOL, OR QUR'AN CLASS

MCC East Bay is empowered by its generous congregation to mandate a standing policy that financial need should never hold back a community member or his or her family from partaking in any educational offering at the community center.

At our discretion, and based on the information you provide, MCC may subsidize or cover your cost by tapping its Education, Sadaqa or Zakat accounts. Submit this completed form to MCC Office or email to scholarship@mccceastbay.org.

1. PRIMARY APPLICANT

First Name: _____ Last Name: _____ Today's Date: _____

Address: _____ Apt # _____

City: _____ State: _____ Zip: _____ E-mail: _____

Cell Phone: (_____) _____ - _____ Secondary cell or Home phone: (_____) _____ - _____

Are you working now? Full-Time Part-Time Unemployed Self-Employed Other: _____

Have you applied for Zakat assistance or past financial aid for educational offerings at MCC? Yes No

What field of work are you working in now or were most recently employed in? _____

If working, company name? _____ Salary: _____ Job Position: _____

If not working, explain why not? _____

2. YOUR HOUSEHOLD

Your marital status: Married Separated Divorced Widowed Single

If married, name of spouse _____ Is your spouse currently employed? Yes No

If working, company name? _____ Salary: _____ Job Position: _____

Number of dependents in your household: _____

Dependent's full name	Relationship to you	Age
1.		
2.		
3.		
4.		
5.		

3. HOUSEHOLD INCOME & EXPENSES

<u>Monthly Gross Income</u>		<u>Monthly Expenses</u>		<u>Household Assets</u>	
Source	Amount	Item	Amount	Item	Amount
Income From Work (you and your spouse)	*\$	Rent/mortgage	\$	Checking	\$
Social Security		Utilities/ Phone		Savings	
Child Support		Food		Gold or Silver (cash value)	
Aid/Welfare, Food stamp		Car payment, Insurance		Vehicle(s) (fair market value)	
Family Government Assistance		Medical expenses		IRA, Pension, Stock, mutual funds	
Other Sources Specify _____		Other (i.e. debts, loan payments) Specify _____		Other (cash value)	
TOTAL	\$	TOTAL	\$	TOTAL	\$

* **Proof of income OR prior year's tax return required only with all recurring classes/sessions OR if a one-time MCC event fee is more than \$50.00.**

4. SCHOLARSHIP REQUEST

For whom in your household are you applying for assistance? _____

For which educational offering at MCC are you seeking a scholarship? _____

What is the full listed price for this educational offering? _____ Is that Weekly Monthly, or One Time

Of the full listed price, what price can you afford to pay? _____ Is that Weekly Monthly, or One Time

How would receiving a scholarship positively impact this person(s) or your household? _____

Describe any additional or extenuating circumstances (use additional sheet, if necessary): _____

REQUIRED DOCUMENTS: Please check each box to confirm you have submitted a complete application:

- Yes, I have provided accurate and detailed information in clear handwriting and signed the last page.
- Yes, I have included **CLEAR COPIES** of the California Driver's License/Identification Card.
- Yes, I have included proof of income: either last three months pay stubs for **myself**, my **spouse**, & my **children** (only if **children** in my household who are working) or my last year's submitted tax return.
- Yes, I have included **any and all** documentation that might help in the evaluation of my application.

I testify in front of Allah (SWT) that the information provided in this application is true and accurate to the best of my knowledge. I understand that if any information that I have given turns out to be untrue, my application will automatically be denied.

Your Name: _____ Your Signature: _____ Date: ___ / ___ / 20___