



# ELRAHMA

CHARITY TRUST

3 The Avenue  
London, NW6 7YG, U.K.  
Tel: 020-8459 3331 / 3244  
Fax: 020-8451 7993  
Email : projects@elrahma.org.uk

## Application for Financial Assistance

( Please read the notes before filling the application form and complete all sections with block capital letters and you may use additional sheet/s if the space provided is not enough.)

Please affix your recent photograph here

Forename _____
Surname _____

Date of Birth: _____	Country of Birth: _____	Nationality _____	Country of Residence: _____
----------------------	-------------------------	-------------------	-----------------------------

Sex: <input type="radio"/> Male <input type="radio"/> Female	Marital Status: <input type="radio"/> Single <input type="radio"/> Married	Number of Children <input type="checkbox"/>
--	--	---

<u>Permanent Address</u>		
Address: _____		
City: _____ Post Code: _____		
Country: _____		
Tel: _____ e-mail: _____		

<u>Temporary Address</u>		
Address: _____		
City: _____ Post Code: _____		
Country: _____		
Tel: _____ e-mail: _____		

<u>Details of Parents' Employment</u>		
Income	Father Amount	Mother Amount
<input type="radio"/> Employed		
<input type="radio"/> Self Employed		
<input type="radio"/> Directorships		
<input type="radio"/> Other (specify)		

<u>Other Sources of Income</u>		
Income	Father Amount	Mother Amount
<input type="checkbox"/> Dividends		
<input type="checkbox"/> Investment/Savings		
<input type="checkbox"/> Child/ren Income		
<input type="checkbox"/> Other (specify)		

<u>Employment Details</u>		
Income	Self Amount	Spouse Amount
<input type="radio"/> Employed		
<input type="radio"/> Self Employed		
<input type="radio"/> Directorships		
<input type="radio"/> Other (specify)		

<u>Other Sources of Income</u>		
Income	Self Amount	Spouse Amount
<input type="checkbox"/> Dividends		
<input type="checkbox"/> Investment/Savings		
<input type="checkbox"/> Child/ren Income		
<input type="checkbox"/> Other (specify)		

Are you entitled to receive Loan or funding/scholarships from the Government or other Institutions?  Yes  No

If you have answered  Yes, please state the amount you have or expect to receive from this source. Amount \_\_\_\_\_

**Course Details**

Course Title	Name of Certificate/Degree	College/University	Duration	Country	Start Date
<b>Reasons for Choosing the Course :</b> ..... ..... .....					
If asked by the trustees would you change the Course ? <input type="radio"/> Yes <input type="radio"/> No If yes, what are other courses you might do? _____ _____ _____					
What are your future plans after completion of the course? _____ _____ _____ _____					

**Educational Achievements To-date**

School/College/University	Certificate/Degree	Subjects	Grades	Country	Date passed

**Details of Financial Support Required**

			<i>Currency:</i> <input type="checkbox"/> Local <input type="checkbox"/> US\$ Dollars <input type="checkbox"/> UK £ Sterling	Amount
<input type="radio"/> Course Fees	Amount: .....	<input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Only Once		
<input type="radio"/> Living Expenses	Amount : .....	<input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Only Once		
<input type="radio"/> Medical Insurance	Amount : .....	<input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Only Once		
<input type="radio"/> Other Expenses	Amount : .....	<input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Only Once		

**Past History of Funding**

<b>Organisations' Names who supported you in the past?</b>		<b>Type of Support:</b> ① Fees    ② Living Expenses    ③ Medical Insurance    ④ Other			
Organisation	Country	Date	Support	Amount	
			1   2   3   4		
			1   2   3   4		
Please give reasons why these Organisations have stopped supporting you. _____ _____ _____					

## Funding from other Organisations

Which other Organisations you have applied for support ?		Type of Support: ① Fees ② Living Expenses ③ Medical Insurance ④ Other		
Organisation	Country	Date applied	Support	Decision
			1 2 3 4	<input type="radio"/> Accepted <input type="radio"/> Refused <input type="radio"/> Pending
			1 2 3 4	<input type="radio"/> Accepted <input type="radio"/> Refused <input type="radio"/> Pending
			1 2 3 4	<input type="radio"/> Accepted <input type="radio"/> Refused <input type="radio"/> Pending
If your application is successful, please indicate the exact amount of financial support you expect from each of these Organisations.				Amount

College/University's Name & Address: .....

.....

Contact Name:..... Telephone No:..... e-mail address:.....

## Referees

Please give below the details of two officials of an internationally reputable Islamic Organisations whom you have known personally and at your request will provide with their recommendation letters in support of your application..

Organisation's Name:	Organisation's Name:
Nature of work:	Nature of work:
Referee's Name:	Referee's Name:
Position in the Organisation:	Position in the Organisation:
Full Address:	Full Address:
Tel: Fax:	Tel: Fax:
Email :	Email :

## Bankers

**Personal**

Bank's Name & Address:.....  
 .....  
 .....

Account Name: .....

Account No: .....

Sort Code: ..... Branch Name:.....  
 .....

**College/University**

Bank's Name & Address.....:  
 .....  
 .....

Account Name: .....

Account No: .....

Sort Code: ..... Branch Name:.....  
 .....

**Declaration**

*I bear Allah Subhanahu Wa Taala as my witness and declare that the information I have provided in this application is true and correct to the best of my knowledge and belief. I confirm that I have not yet received any grant or scholarship for the same purpose from any other source or organisation. I hereby undertake to inform the Charity immediately in case my financial circumstances improve or receive financial assistance from another organisation. I understand that any misstatement in my application will result in rejection of my application and shall be liable to refund the full amount of any funds I received till the date of discovery of inaccuracy in my application.*

Name : ..... Signature: ..... Date : .....

**IMPORTANT NOTES**

Please enclose all the required documents with your application. Failure to do so will delay the processing of your application and may also result in refusal. **Acknowledging of an application is not an indication that the financial assistance will be provided by the Charity.** Please provide us with documentary evidence if your parents are unable to contribute towards your course fee.

**References & Supporting Documents**

**Please provide the following documents:**

Original recommendations letters are to be sent direct to our Charity from two referees from the officials of two independent reputable Islamic Organisations who know you personally.

One letter of recommendation from a person who is well acquainted with your academic qualification and who could vouch your suitability of choice for the intended course (lecturer, teacher or tutor.)

A letter/s from the college/university confirming the following:

date of enrolment, expected date of completion, tuition fees payable, living expenses and college/university's bank details (tuition fees are usually paid directly to the college or university).

Copies of your own and parents' bank statements relating to all current and savings accounts for the last six months. Please remember to give full details of your own bank account on application form..

A copy of passport or ID card with two photographs recently taken. Proof income. Copies of certificates awarded by the School/ College/university.

***For Office Use***

App. Ref. No.

Date Received: / /

Checked By: .....

Application Form  Complete  Incomplete  To Be completed  Other (Specify) .....

Date:.....  Approved  Rejected  Other (Specify).....