



## Selm Academy Subsidy Application Form 2025-2026

Needs-Based Tuition Assistance -Confidential – To be reviewed only by the Subsidy Committee

### SECTION A: Applicant Information

1. Parent/Guardian Full Name: \_\_\_\_\_
2. Relationship to Student(s):  Mother  Father  Legal Guardian
3. Phone Number: \_\_\_\_\_
4. Email Address: \_\_\_\_\_
5. Home Address: \_\_\_\_\_

### SECTION B: Student Information

Student Full Name	Grade	Enrolled Since (Year)
_____	_____	_____

### SECTION C: Financial Information

1. Annual Household Income (Gross): \$ \_\_\_\_\_
2. Primary Income Earner's Employer: \_\_\_\_\_
3. Total Monthly Expenses: \$ \_\_\_\_\_
4. Do you currently receive any government or community assistance?  
 Yes  No  
If yes, please specify: \_\_\_\_\_

### SECTION D: Required Documentation (Must be attached)

- Most recent CRA Notice of Assessment for all income earners
- Recent pay stubs or proof of income (last 2 months)
- Personal statement explaining your financial situation (see Section E)
- Any additional supporting documents (optional)



### SECTION E: Personal Statement

Please describe your financial situation, the cause of your current hardship (e.g., job loss, illness), how long you expect the hardship to last, and the specific assistance you are seeking. (Attach additional pages if needed)

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### SECTION F: Community Engagement

1. Do you have more than one child enrolled at Selm Academy?

Yes  No

2. Have you volunteered or contributed to Selm Academy in the past year?

Yes  No

If yes, please describe briefly: \_\_\_\_\_

### SECTION G: Agreement and Consent

Please read and confirm each item:

I affirm that all information and documents provided are truthful and complete.

I understand that this application is for a qard al-ḥasana (interest-free loan), not a grant, bursary, or scholarship.

I agree to repay the full subsidy amount upon improvement of my financial situation or as per the mutually agreed repayment plan.

I understand the school reserves the right to request additional documentation to assess this application.

I agree to enter into a formal Repayment Agreement if my application is approved.

I consent to the confidential review of my application by the Selm Academy Subsidy Committee.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**SECTION H: For Office Use Only – To be Completed by the Subsidy Committee**

Date Received: \_\_\_\_\_

Reviewed By: \_\_\_\_\_

Decision Date: \_\_\_\_\_

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

Repayment Start Date: \_\_\_\_\_

Notes: \_\_\_\_\_