

Elfarouq Foundation

Suite 201, Stanmore Business & Innovation Centre, Howard Road HA7 1BT, 020 8459 3244, admin@elfarouq.org.uk

Application for Financial Assistance

Please read the "importance notes" section at the back of the form and the enclosed copy of "Elfarouq Foundation Policy" before filling the form

Forename Surname

Date of Birth: Country of Birth: Nationality Country of Residency

Sex: Male Female Marital Status: Single Married Number of Children

If married Full Name of Spouse:

<u>Permanent Address</u>	
Address:	
.....	
City:	Post Code:
Country:	
Tel:	E-mail:

<u>Temporary Address</u>	
Address:	
.....	
City:	Post Code:
Country:	
Tel:	Fax:

<u>Employment Status</u>		
<input type="radio"/> Employed	<input type="radio"/> Self Employed	<input type="radio"/> Other (specify)
<input type="radio"/> Unemployed	<input type="radio"/> Student

<u>Source of Income</u>		
<input type="checkbox"/> Employment	<input type="checkbox"/> Savings	<input type="checkbox"/> Other (specify)
<input type="checkbox"/> Family	<input type="checkbox"/> Loan

Required Course Title	Course Certificate	Institution	Period	Country	Starting Date	Finishing Date
.....

Why have you chosen this subject and what are your future plans once you have completed this course? (Give your answer in separate sheet)

If the Board of Trustees request that you change your subject, are you willing to do so? Yes No
 (Give your answer in separate sheet detailing the other subjects that you would consider)

<u>Education Back Ground for Secondary Certificate , Undergraduate and Graduate</u>					
Institution	Certificate	Subject/s	Grade/s	Country	Date Awarded

<u>Financial Support Required</u>		Currency:		
		<input type="checkbox"/> Local <input type="checkbox"/> US\$ Dollars <input type="checkbox"/> UK Sterling		
Financial Support	Amount	Period of Support	Installment	Note
<input type="radio"/> Course Fees	<input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
<input type="radio"/> Living Expenses	<input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
<input type="radio"/> Medical Insurance	<input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
<input type="radio"/> Other Expenses	<input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
Please Specify and Explain:				
Do you intend to REPAY any funds you might receive from the Foundation: <input type="radio"/> Yes <input type="radio"/> No If (Yes) , How				
.....				

Are you eligible to receive grant/scholarship from your country or the university you are studying at or any other source?

Yes No

If yes, please give details:

Have you received any financial assistance in the last five years from any source?

Yes No

If your answer is yes please fill below:

Type of Support:		① Fees	② Living Expenses	③ Medical Insurance	④ Other Expenses
Organisation	Country	Date	Amount	Type of Support	Others, describe
				1 2 3 4	
				1 2 3 4	
				1 2 3 4	
				1 2 3 4	

Are you seeking financial assistance from another source for the same purpose?

Yes No

Type of Support:		① Fees	② Living Expenses	③ Medical Insurance	④ Other Expenses
Organisation	Country	Applying Date	Type of 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	
			1 2 3 4	<input type="radio"/> Accepted <input type="radio"/> Refused <input type="radio"/> Pending	

Have you or one of your immediate members of the family applied to Elfarouq for financial support in the past?

Yes No

If yes, when and what Type of Support was provided? (fore example: fees, living expenses or any other expenses)

Name of the Applicant	Date of application	Amount Received	Type of support	Period of support	Rejected

Language Proficiency		③ Very Good			② Good			① Fair		
.....	Speaking:	③	②	①	Writing:	③	②	①		
.....	Speaking:	③	②	①	Writing:	③	②	①		
.....	Speaking:	③	②	①	Writing:	③	②	①		
.....	Speaking:	③	②	①	Writing:	③	②	①		

Personal Referee (1)

Name:

Address:

.....

.....

City: Post Code:

Country:

E-mail:

Tel:

Fax:

Personal Referee (2)

Name:

Address:

.....

.....

City: Post Code:

Country:

e-mail:

Tel:

Fax:

Academic Referee

Name:

Address:

.....

.....

City: Post Code:

Country: e-mail:

Tel: Fax:.....

Institution

Name:

Address:

.....

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City: Post Code:

Country: e-mail:

Tel: Fax:

Supervisor

Name:

Faculty:

Address:

Department:

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E-mail:

City: Post Code:

Tel: Extension:

Country:

Fax:

Personal Bank Details

Bank Address:

.....

City: Post Code:

Country:

Tel:

Account Name:

Account No:

Sorting Code: Branch:

Institution Bank Details

Bank Address:

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City: Post Code:

Country:

Tel:

Account Name:

Account No:

Sorting Code: Branch:

Are you an active member of the Muslim Community? (describe the nature of your accomplishment and activities below if the space is not enough you may use separate sheet)

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Declaration

I have read and understood the policy of Elfarouq Foundation. I declare that, I have not received any funds, loan, grant or scholarship for the same purpose for which I have applied to Elfarouq Foundation. The information I provided herein are true and accurate to the best of my knowledge.

Name: Signature: Date:

For Office Use

App. Ref. No.

Date Received: / /

Checked By:

Application Form Complete Incomplete To Be completed Other (Specify)

Approved Rejected Other (Specify)

IMPORTANT NOTES

Complete all sections of this form in **BLOCK CAPITAL** letters.

PROVIDE all required documents.

Failure to do so will delay the processing of your application and may result in refusal.

You may use additional sheet/s if the provided space is not enough.

Keep a copy of this application for personal reference.

Acknowledging receipt of an application does not mean a commitment or an undertaking by the Foundation to provide assistance.

References And Supporting Documents

Please provide the following documents: (failure to do so will result in refusal of your application)

Two letters of recommendations from two references who know you personally. Include their current mailing addresses, email address, telephone and fax numbers.

A letter from reputable active Muslim Organisation in your country and/or from the country of residence if you have been living for more than two years in.

A letter of recommendation from a person who is well acquainted with your academic work (supervisor, teacher, tutor, etc.)

Authenticated copies of your certificates (from Secondary School and higher).

A letter/s from the institution confirming:

date of enrolment, expected date of completion, amount of fees, tuition, living expenses and institution's bank details (fees and tuition are paid to the institution directly)

Copies of your bank statements for the last six month and details of your own bank account.

A copy of passport and/or ID card and one recently taken photograph.