

Bilal Mosque Association  
4115 SW 160<sup>th</sup> Ave,  
Beaverton, Oregon 97007

**<sup>1</sup>Bilal Mosque Association Financial Aid Form**

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

**Personal Information:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Residence Status:**

Permanent Resident (Green Card Holder)       US Citizen

Other (please specify) \_\_\_\_\_

**Marital Status:**

Single       Married, number of children under 18, if any \_\_\_\_\_

**Employment Status:**

Employed; Employer Name and Address:

\_\_\_\_\_

Unemployed, for how long: \_\_\_\_\_

Reason: \_\_\_\_\_

**Financial Status:**

Do you receive public aid:     YES       NO

If YES, please specify the source for the following:

Food Stamps: \_\_\_\_\_ Cash: \_\_\_\_\_ Rent: \_\_\_\_\_ Other: \_\_\_\_\_

Do you receive assistance from local Muslim organizations? If so, please specify what kind of assistance.

\_\_\_\_\_

How much financial aid is requested from BMA? \_\_\_\_\_

How will the aid be used: \_\_\_\_\_

Describe your plans to find a job/other source of income: \_\_\_\_\_

\_\_\_\_\_

**References:**    Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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**FOR BMA USE ONLY:**

Approved; Amount of Aid: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

Disapproved; Reason: \_\_\_\_\_

\_\_\_\_\_

<sup>1</sup> I.D. Card/Driver's License Required. All information on this form is kept confidential.