



THE ISLAMIC CENTER OF PITTSBURGH

IN THE NAME OF GOD, THE MERCIFUL, THE BENEFICENT

Application for Grant *Financial Assistance/zakat*

Personal Information PLEASE PRINT

Last Name		First	MI	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Street Address			Number of Dependents	
City	State	Zip Code		Home Phone:
Birth Place		Citizenship		Email:
Reason for Request			Occupation:	
			Annual Income	
			Amount Requesting	
			Amount of times you have received grant money this year _____	

References (One reference can be the Imam)

NAME:	NAME:
Phone:	Phone:
Email :	Email :
Relationship:	Relationship:

Authentication (by signing below you agree to the following)

As God as my witness, the information I have provide is true and complete.	
Signature _____	Date _____

Official use only

Authorized By (print, sign and date below)	Amount Approved	Check Number