

Muslim Association Of Greater Pittsburgh

5725 N. Montour Rd., Gibsonia, PA 15044. Tel #: 724-444-0020

Application for Grant

Financial Assistance/Sadaqa/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: |
| | | | Email: |
| Birth Place | Citizenship | | Occupation: |
| Reason For Request | | | Annual Income |
| | | | Amount Requesting |
| Number of times you have received financial assistance from other Islamic Centers in this year _____ Name of Center: _____ | | | Number of times you have received grant money from MAP 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)

| |
|---|
| <p>As God as my witness, the information I have provide is true and complete.</p> Signature _____ Date _____ |
|---|

*****Official Use Only (To be filled by MAP Financial Assistance Committee)*****

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

Please visit us at www.mapitt.org for latest updates. You can also contact us via email at financialassistance@mapitt.org