



ICNE

The Islamic Center of New England

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Zakat/Financial Aid Application

First Name: _____ Last Name: _____

Last 4 Digits of SSN: _____ Email Address: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone Number: _____

Are you Head of household? Yes No Total No. of family members including yourself: _____

Are you receiving other assistance? Choose all that apply.

Government Unemployment Government Food Stamps Other Organization Support None

Monthly Income: _____ Monthly Expense: _____ Amount Requesting: _____

Are you Zakat or Financial Aid Eligible?

Zakat (You've Savings of less than \$3000) Financial Aid (You've Savings of more than \$3000)

Special Needs/Circumstances and comments: _____

I, the undersigned, declare that all the above information is true and correct to the best of my knowledge. Allah is my witness.

ICNE retains the right to share the information you provided with other relevant organizations for the purpose of better serving the applicant and fulfilling its mission.

Applicant's signature: _____ Date: _____

Please hand the application to Imam or Zakat Committee or email it to zakat@icne.net.
Alternatively, you can also fill out the application online at icne.net/FinancialAidApplication and submit it for faster processing.