**COSARAF Sheikh Family Scholarship Application Form 2023-24**

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| **PERSONAL DETAILS**  **Full name:** |
| **Student number:** |
| **Course and current year:** |
| **Contact telephone number:** |
| **Email:** |
| **Term time correspondence address:** |
| **Previous education (confirm relevant Islamic Studies including Muslim Seminary background):** |
| **Are you the first in your family to attend university?** |
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| **FINANCIAL POSITION**  **Household average monthly income:** |
| **Personal average monthly income (for e.g. whether you receive money from student finance, support from your family etc.):** |
| **Other scholarships you currently receive and the amount:** |
| **Personal monthly benefits:** |
| **Personal cash savings and or investments:** |
| **Personal other assets (gold / silver other properties):** |
| **Personal average monthly expenditure (rent/mortgage, utilities, childcare, food, travel etc.):** |
| **Personal total debts:** |
| **Personal monthly payments (including debts):** |
| **According to the COSARAF Foundation’s Zakat Distribution Policy** [**https://www.cosaraf.org/zakat-distribution-policy/**](https://www.cosaraf.org/zakat-distribution-policy/)**all UK grantees of Zakat must fall below the Gold Nisab level.**  **The daily Gold Nisab level can be found here:**[**https://nzf.org.uk/nisab/**](https://nzf.org.uk/nisab/)  **Please confirm that the you do not have assets, investments or savings above the Gold Nisab level:** |
| **PERSONAL STATEMENT**  **Please describe the significant difference and potential impact/benefits the scholarship would give you. Maximum 500 words:** |

**Privacy statement**

St Anne’s College will only use your personal data for the purpose of processing this application. I consent to information about my application to be shared with the adjudication panel and with the donor. I have read and understood the guidelines and declare that I am Muslim and for the purposes of this application, I am a home student. I confirm the information I have supplied is correct.

Please sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Please return this form to Christine Robertson [lauren.mohammed@st-annes.ox.ac.uk](mailto:lauren.mohammed@st-annes.ox.ac.uk)