**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