Faculty Validation form for The Dr. Salman Zakir Scholarship

Date:

Name of Faculty Member:

College:

Title/Position of Faculty Member:

Dear Faculty Member,

Thank you so much for taking the time to be a part of our scholarship team. We are very grateful for your efforts in ensuring that all students have equal opportunities in education. In order for us to help as many deserving students as possible, we need your help to verify that the applicants from your college are truly in need of this scholarship. The ultimate goal of The Dr. Salman Zakir Scholarship is to help all students, regardless of their financial situation. However, as this is the start of this endeavor, funding is limited. For this reason, we need you to exercise your discretion in determining whether a student (or his/her family) is struggling to pay tuition. Although we, as the scholarship committee, reserve the right to investigate the students’ financial situation, we want to foster a relationship of trust between the college and the committee. Please fill out the form below to recommend this student for a need-based scholarship, keeping in mind that we are prioritizing zakat-eligible students. Please fill out the information in brackets and attach any other information you deem necessary.

I [Faculty name], of [name of college], have verified that [name of student, CNIC number], [year of study of student], daughter/son of [name of student’s parent] is eligible to receive zakat. This student is truly deserving of this scholarship because his/her family is struggling to pay tuition and other costs of attendance. I have confirmed with student affairs that this student’s family income qualifies him/her to receive financial aid. He/she would not be able to afford to attend this college if he/she does not receive this scholarship.

I affirm that the information in this form, to the best of my knowledge, is accurate.

[Name of Faculty Member]

Sign here \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Please email this form to [drsalmanzakirscholarship@gmail.com](mailto:drsalmanzakirscholarship@gmail.com). It must be received from the email address we have on file for this faculty member. Upon receipt of this form, we will contact the faculty member by phone to confirm.