

YESHIVA HAR TORAH

250-10 Grand Central Parkway
Little Neck, New York 11426
718-343-2533
Fax 718-631-2513

Financial Assistance Application *2015–2016*

Dear Applicant,

We have prepared this application to enable us to determine the amount of tuition assistance we can offer you in a fair and equitable manner. Please give careful consideration to the amount of assistance you request.

Tuition assistance will be granted for the upcoming school year only to qualified students whose parents are not able to meet the full cost of tuition. The amount of assistance is determined by the Tuition Assistance Committee and is based on information contained in this application and information that may be otherwise available. If you have received Tuition Assistance in the past, it does not guarantee that you will receive Tuition Assistance in the future.

Please be assured that all information and documents submitted to us will be kept in the strictest of confidence. We welcome any comments or additional information which you would like us to consider. If you have any questions or need assistance in filling out the form, please call Ms. Beth Rifkin (extension 2416), Mrs. Christina Mauro (extension 2341) or Mr. Edward Fox (extension 2411).

Please note that applications must be submitted by Friday, March 6, 2015. Applications received after that date may be considered, but only based upon remaining funds, if any are still available at that time.

PLEASE NOTE: INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED. APPLICATIONS WILL NOT BE CONSIDERED FROM PARENTS WHOSE TUITION ACCOUNT IS IN ARREARS.

IT IS ESSENTIAL THAT THIS FORM BE COMPLETED WITH 100% HONESTY AND TRUTHFULNESS. IF THIS IS FOUND NOT TO BE THE CASE, YOUR APPLICATION WILL BE DEEMED NULL AND VOID.

Sincerely,

The Tuition Assistance Committee

INSTRUCTIONS:

1. Please read and answer each question carefully. Please print legibly.
2. Be sure to answer ALL questions. If not applicable, enter "NONE" or "NA".
3. We must have signatures, dates of birth and social security numbers on the last page for BOTH parents.
4. Attach signed copies of your complete Federal Tax Returns (1040 plus all schedules) for the past 2 years (2013 & 2014), copies of your 2014 W-2 wage and tax statements and/or 1099's.
5. If you hold an interest in a partnership or non-publicly traded entity, please submit the appropriate tax returns.

THIS APPLICATION CANNOT BE PROCESSED WITHOUT ALL COMPLETE TAX RETURNS.

6. If you wish to provide us with additional information which might help us process your applications, please use the space provided on the last page.
7. **Please note that applications must be submitted by Friday, March 6, 2015. Applications received after that date may be considered, but only based upon remaining funds, if any are still available at that time.**
8. PLEASE RETURN THE COMPLETED APPLICATION TO:

**YESHIVA HAR TORAH
250-10 Grand Central Parkway
Little Neck, NY 11426
Attn: Tuition Assistance Committee**

A. NAME/ADDRESS

FAMILY NAME	FATHER'S FIRST NAME	MOTHER'S FIRST NAME	MAIDEN NAME
HOME ADDRESS		CITY, STATE	ZIP CODE
HOME PHONE	FATHER'S CELL PHONE/BEEPER	MOTHER'S CELL PHONE/BEEPER	
EMAIL ADDRESS FATHER		EMAIL ADDRESS MOTHER	

B. COMMUNITY INVOLVEMENT

SYNAGOGUE AFFILIATION AND ADDRESS	NAME AND PHONE NUMBER OF RABBI
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C. CHILDREN ATTENDING OR ENTERING YHT IN SEPTEMBER 2015

	CHILD'S NAME	SOCIAL SECURITY #	AGE	GRADE SEPT 2015		CHILD'S NAME	SOCIAL SECURITY #	AGE	GRADE SEPT 2015
1.					4.				
2.					5.				
3.					6.				

NUMBER OF YEARS YOU HAVE HAD CHILDREN ATTENDING YHT	HAVE YOU RECEIVED A YHT SCHOLARSHIP BEFORE? () YES () NO	IF YES, # OF YEARS
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D. OTHER DEPENDENT CHILDREN IN FAMILY

CHILD'S NAME	AGE	SCHOOL YEAR	NAME OF INSTITUTION	TUITION PAID	ASSISTANCE RECEIVED
		2013-2014			
		2014-2015			
		2013-2014			
		2014-2015			
		2013-2014			
		2014-2015			

E. FATHER'S EMPLOYMENT

NAME OF BUSINESS	JOB TITLE	YEARS WITH COMPANY	PHONE
ADDRESS		CITY, STATE	ZIP CODE
TYPE OF BUSINESS: () RETAIL () WHOLESALE () OTHER		NAMES OF OWNERS OF BUSINESS (MUST ANSWER):	
PLEASE INDICATE YOUR RELATIONSHIP WITH THE BUSINESS: () OWNER () PROFIT SHARER () PARTNER () EMPLOYEE () OTHER _____		RELATIONSHIP TO OWNER, IF ANY	
CHECK BENEFITS YOUR COMPANY GIVES: () HEALTH INSURANCE () AUTO () TUITION () OTHER _____			
ANNUAL GROSS SALARY (MUST ANSWER) \$		BONUS \$	
EMPLOYMENT STATUS: () FULL TIME () STAY AT HOME (FAMILYCARE) () PART TIME (LESS THAN 30 HRS PER WK) () UNEMPLOYED () STUDENT () DISABLED () RETIRED () SELF EMPLOYED			

F. MOTHER'S EMPLOYMENT

NAME OF BUSINESS	JOB TITLE	YEARS WITH COMPANY	PHONE
ADDRESS		CITY, STATE	ZIP CODE
TYPE OF BUSINESS: () RETAIL () WHOLESALE () OTHER		NAMES OF OWNERS OF BUSINESS (MUST ANSWER):	
PLEASE INDICATE YOUR RELATIONSHIP WITH THE BUSINESS: () OWNER () PROFIT SHARER () PARTNER () EMPLOYEE () OTHER _____		RELATIONSHIP TO OWNER, IF ANY	
CHECK BENEFITS YOUR COMPANY GIVES: () HEALTH INSURANCE () AUTO () TUITION () OTHER _____			
ANNUAL GROSS SALARY (MUST ANSWER) \$		BONUS \$	
EMPLOYMENT STATUS: () FULL TIME () STAY AT HOME (FAMILYCARE) () PART TIME (LESS THAN 30 HRS PER WK) () UNEMPLOYED () STUDENT () DISABLED () RETIRED () SELF EMPLOYED			

G. OTHER WORKING FAMILY MEMBERS LIVING WITH YOU

NAME	RELATIONSHIP	EMPLOYER	POSITION	INCOME

H. CARS USED IN YOUR HOUSEHOLD

YEAR	MODEL	YEAR BOUGHT/LEASED	PURCHASE PRICE	LEASE PAYMENT PER MONTH	LENGTH OF LEASE (YEARS)	DRIVEN BY

I. RESIDENCE INFORMATION

FOR HOMEOWNERS:

MONTHLY MORTGAGE PAYMENT	PRINCIPAL OUTSTANDING \$	BANK	YEARS REMAINING ON LOAN	TYPE OF () 1 FAM HOME: () 2 FAM OTHER:	IF OTHER THAN 1 FAMILY INCOME FROM APARTMENT(S): \$
NO. OF YEARS AT PRESENT ADDRESS				CURRENT MARKET VALUE OF HOME \$	BASIS FOR ESTIMATE

FOR RENTERS:

MONTHLY RENT \$	NO. OF ROOMS \$	NO. OF YEARS AT PRESENT ADDRESS	TYPE OF HOME: () 1 FAM () 2 FAM () 3-4 FAM () APT	IF LESS THAN TWO YEARS AT PRESENT ADDRESS, GIVE PREVIOUS ADDRESS:
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J. OTHER REAL ESTATE INFORMATION:

DO YOU OWN A () YES
 SUMMER RESIDENCE? () NO
 ADDRESS, CITY, STATE

IF YES, PLEASE GIVE APPROXIMATE VALUE \$ _____

DO YOU OR ANY MEMBER OF YOUR HOUSEHOLD OWN OTHER PROPERTIES? () YES	IF YES, APPROXIMATE MARKET VALUE OF ALL PROPERTIES COMBINED \$
() NO	

Location of Properties: _____

K. HOUSEHOLD HELP

() NONE () DAY WORKER _ _ DAYS/ WK () SLEEP-IN WEEKLY PAY \$

L. ELDER CARE EXPENSES

OF PEOPLE FOR WHOM YOU PAY ELDER CARE EXPENSES: _____

TOTAL AMOUNT OF ELDER CARE EXPENSES: \$ _____

M. ASSETS OF ALL MEMBERS OF HOUSEHOLD

BANK ACCOUNTS (LIST BANK NAME & ACCOUNT #)	AMOUNT
1.	
2.	
3.	
4.	
5.	
6..	
TOTAL RETIREMENT ASSETS (401 (K), IRA, KEOGH)	
CURRENT VALUE OF STOCKS, BONDS & MUTUAL FUNDS	
REAL ESTATE (INDICATE VALUE OF PROPERTY LESS BALANCE DUE ON MORTGAGES)	
ALL OTHER ASSETS INCLUDING CASH SURRENDER VALUE OF LIFE INSURANCE	
TOTAL	

N. LIABILITIES

CREDITOR	AMOUNT	MONTHLY PAYMENTS
TOTAL		

O. VACATIONS DURING PAST 12 MONTHS

# DAYS	WHERE	COST
		\$
		\$

P. LAST SUMMER

STAYED AT PRIMARY RESIDENCE ENTIRE SUMMER () YES () NO	IF NO, HOW LONG WERE YOU AWAY? () ENTIRE SUMMER () ___ WEEKS () ___ WEEKENDS	WHERE (CITY, STATE)?	TOTAL COST \$
NO. OF CHILDREN ATTENDING SUMMER CAMP		TOTAL COST OF SUMMER CAMPS \$	

Q. FAMILY BUDGET

ANNUAL INCOME

	2013		2014	
	HUSBAND	WIFE	HUSBAND	WIFE
1. GROSS INCOME FROM W-2				
2. INCOME FROM OTHER SOURCES (RENT, INTEREST, DIVIDENDS, ETC.)				
3. TOTAL OF ALL TAXES INCLUDING FICA				
4. NET DISPOSABLE INCOME (1+2-3)				
TOTAL DISPOSABLE INCOME (HUSBAND + WIFE)				

ANNUAL EXPENSES

	2013	2014
1. RENT OR MORTGAGE		
2. REAL ESTATE TAXES & WATER (IF NOT INCLUDED WITH MORTGAGE)		
3. HOME INSURANCE		
4. GAS		
5. ELECTRIC		
6. HEATING OIL		
7. PHONE		
8. MEDICAL (INS. PREMIUMS, DEDUCTIBLE, CO-PAYMENTS EYE CARE, DENTAL, ETC.)		
9. YHT TUITION (MOST RECENT)		
10. OTHER TUITIONS		
11. CAR PAYMENTS		
12. AUTO INSURANCE		
13. LIFE INSURANCE		
14. VACATIONS, SUMMER RENTALS		
15. SUMMER CAMPS		
16. CHARITABLE DONATIONS, SYNAGOGUE & CENTER DUES		
17. PAYMENTS TO PENSION, RETIREMENT, IRA OR 40I(K) ACCOUNTS		
18. HOUSEKEEPER		
19. LOAN PAYMENTS (INCLUDE CHARGE CARDS ONLY IF BALANCE IS FROM PREVIOUS YEAR)		
20. CLOTHING		
21. OTHER MAJOR EXPENSES (SPECIFY)		
22.		
23.		
24.		
TOTAL EXPENSES		

FOR OFFICE USE ONLY TOTAL	
TOTAL MONTHLY INCOME	\$ _____
TOTAL MONTHLY EXPENSES	\$ _____

R. GOVERNMENT ASSISTANCE

Please attach copies of all supporting documentation

DO YOU RECEIVE GOVERNMENT ASSISTANCE?

YES NO

IF YES, PLEASE CHECK WHAT FORM OF ASSISTANCE YOU RECEIVE.

DISABILITY WELFARE
 MEDICAID FOOD STAMPS
 SSI OTHER (SPECIFY)

S. ASSISTANCE REQUESTED

THIS APPLICATION WILL BE NOT BE PROCESSED IF THIS SECTION IS INCOMPLETE

TOTAL TUITION AND FEES
(Please see Schedule of Tuition and Fees): \$ _____

I AM ABLE TO PAY \$ _____
PER MONTH FOR 10 MONTHS, TOTALING \$ _____

THEREFORE, I AM REQUESTING TUITION
ASSISTANCE IN THE AMOUNT OF \$ _____

T. CERTIFICATION AND PERMISSION TO OBTAIN CREDIT INFORMATION

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT. I AM AWARE OF THE FACT THAT IN CASE THE YESHIVA FINDS ANY OF THE INFORMATION IN THIS APPLICATION TO BE FALSE OR INCOMPLETE, I MAY BE REQUIRED TO FORFEIT ALL TUITION ASSISTANCE AND RUN THE RISK OF MY CHILD(REN) BEING DENIED EDUCATION AT YESHIVA HAR TORAH.

I give my permission for the Yeshiva Har Torah Tuition Assistance Committee to obtain my credit report. I understand that this report will be held in the strictest confidence and will not be revealed to any other organization or agency under any circumstances whatsoever.

FATHER'S NAME		MOTHER'S NAME	
SOCIAL SECURITY #	DATE OF BIRTH	SOCIAL SECURITY #	DATE OF BIRTH
FATHER'S SIGNATURE	DATE	MOTHER'S SIGNATURE	DATE

