

APPLICATION FOR FINANCIAL ASSISTANCE
2015-2016 / 5775-5776 SCHOOL YEAR

YESHIVA ELEMENTARY SCHOOL

and the

CENTER FOR THE ADVANCEMENT OF JEWISH EDUCATION

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For School Use Only: Application File Number # _____

DOCUMENTS REQUIRED:

This application will be processed by the school's Financial Assistance Committee. An anonymous copy (beginning with page 2) will be forwarded to CAJE for its review and approval. This application will not be considered unless *all* questions are answered. If any information is found to be false or misleading, this application will be rejected. In addition to this application, the following items *must* be furnished (as applicable):

- Individual Income Tax Return (IRS Form 1040) for each of the past two (2) years, including all schedules, W-2's (received from employers), 1099's (received from banks & brokerages, etc) and K-1's (received from small business corporations, trusts and investment partnerships);
- Signed IRS Form 4506 (attached) with social security numbers furnished;
- Corporate Income Tax Returns (IRS Forms 1120 or 1120-s) for each of the past two (2), years' end of year bank and brokerage statement for all accounts for the past two (2) years;
- Florida Intangible Tax Returns for the past two (2) years;
- End of year bank & brokerage statements for all accounts for the past two (2) years;
- Any financial statements recently submitted to mortgage companies or banks.

FAMILY INFORMATION:

Parent(s) First and Last Names _____

Address _____

Tel # Work _____ Home _____ Mobile _____ Beeper _____

Social Security # (Father) _____ (Mother) _____

Occupation(s) (Father) _____ (Mother) _____

Names of Employers (Father) _____ (Mother) _____

Do you have a financial interest in the company? (Father) Yes ___ No ___ (Mother) Yes ___ No ___

CERTIFICATION and AUTHORIZATION for FINANCIAL DISCLOSURE:

I (we) certify that all of the financial information submitted on this application form is accurate and that I (we) will inform the school of any change in status which may occur during the school year.

I (we) hereby authorize **Yeshiva Elementary School** to make such credit inquiries as it deems necessary. I (we) hereby direct any and all employers, banks, credit card companies, and credit reporting agencies to release any and all financial information, records, reports and documentation to **Yeshiva Elementary School** without limitation, until this authorization is revoked in writing by the undersigned.

Father

Date

Mother

Date

CURRENT TUITION INFORMATION:

STUDENTS ENROLLED IN OUR SCHOOL (NO NAMES)	TUITION	FEES
GRADE LEVEL		
GRADE LEVEL		
GRADE LEVEL		
TOTAL AMOUNT OF FULL TUITION		
TOTAL AMOUNT THAT YOU FEEL YOU ARE ABLE TO PAY:		

OTHER CHILDREN, NOT ATTENDING OUR SCHOOL (NO NAMES)			
	AGE	NAME OF SCHOOL	TUITION + FEES: TOTAL AMOUNT
CHILD # 1			
CHILD # 2			
CHILD # 3			
TOTAL AMOUNTS FOR OTHER EDUCATION:			

ANCILLARY INCOME and EXPENSES:

Are you a single parent?.....Yes No

If yes, how much alimony or child support are you receiving per year? \$ _____

Are you supported by anyone?.....Yes No

If yes, how much outside support are you receiving per year?..... \$ _____

Are you providing support to a parent or to a former spouse?Yes No

If yes, how much support are you paying each year? \$ _____

Will your child(ren) attend summer camp?Yes No

How much are you paying each year? \$ _____

Do you hold season tickets to theater or sporting events?Yes No

If yes, how much do you pay each year? \$ _____

Do you have a maid, housekeeper, or live-in help.....Yes No

How long and for what purpose did you last leave South Florida? _____

Please disclose any special medical expenses or liabilities: _____

Please disclose any other unusual financial circumstances: _____

(Attach separate schedules if you require additional room to respond to any of the above questions.)

CATEGORY	AMOUNT
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ASSETS

Cash on Hand.....	\$ _____
Cash in Banks & Brokerage Accounts (provide bank name and account #)	\$ _____
Stock / Bonds / Mutual Funds / Notes (provide name and account #).....	\$ _____
Pension & I.R.A. Accounts (provide bank name and account #).....	\$ _____
Real Estate:	
Personal Residence	\$ _____
Vacation Residence	\$ _____
Other Properties.....	\$ _____
Automobile # 1:	
Make / Model Year	\$ _____
Automobile # 2:	
Make / Model Year	\$ _____
Automobile # 3:	
Make / Model Year	\$ _____
Personal Property:	
Home Contents	\$ _____
Jewelry.....	\$ _____
Cash value of life insurance policies.....	\$ _____
Other Assets	\$ _____
TOTAL ASSETS:	\$ _____

LIABILITIES

In addition to total liability, please provide: Name of Lender, Account #, Balance & Minimum Payment

Mortgage Loans	\$ _____
Home Equity Loans	\$ _____
Auto Loans.....	\$ _____
Installment Loans.....	\$ _____
Credit Card Balances	\$ _____
Unpaid Judgments or Liens (provide information)	\$ _____
TOTAL LIABILITIES:	\$ _____

NET WORTH (Assets Less Liabilities):	\$ _____
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(Attach separate schedules if you require additional room to respond to any of the above questions.)

ANNUAL FAMILY INCOME

WAGES/SALARY - FATHER
WAGES/SALARY-MOTHER
SELF EMPLOYMENT INCOME:
INTEREST AND DIVIDEND INCOME:
DISABILITY BENEFITS:
PENSION BENEFITS:
NET RENTAL INCOME:
ALIMONY RECEIVED
CHILD SUPPORT RECEIVED
INCOME FROM INSURANCE BENEFITS
OTHER MISC. INCOME:
TOTAL INCOME:

MONTHLY FAMILY EXPENSES

RENT PAYMENT
MORTGAGE PAYMENTS (PRINCIPAL, INTEREST, TAXES AND INSURANCE)
REAL ESTATE TAXES (IF PAID SEPARATELY AND NOT INCLUDED IN MORTGAGE PAYMENT)
ALIMONY PAID OUT
CHILD SUPPORT PAID OUT
AUTO PAYMENT - LOAN OR LEASE PAYMENT
CREDIT CARD or INSTALLMENT LOAN PAYMENTS
AUTO EXPENSES (GAS, INSURANCE & REPAIRS)
UTILITIES
TELEPHONE
HOME REPAIRS & MAINTENANCE
FOOD & SUPPLIES
INSURANCE - HEALTH
INSURANCE - AUTO
INSURANCE - LIFE & DISABILITY
CLOTHING
MAID, HOUSEKEEPER OR NANNY
MEDICAL & DENTAL
SYNAGOGUE DUES
J.C.C./HEALTH CLUB MEMBERSHIPS
DONATIONS
POOL CARE
MONTHLY EXPENSES (SUB-TOTAL):

MONTHLY FAMILY EXPENSES (continued)

MONTHLY EXPENSES (SUB-TOTAL FROM PREVIOUS PAGE):
ENTERTAINMENT & VACATIONS
GROOMING , MANICURE & COSMETICS
CABLE TELEVISION
PET EXPENSES
OTHER (detail)
OTHER (detail)
OTHER (detail)
OTHER (detail)
TOTAL MONTHLY EXPENSES:

For Committee Use Only:

Note: The Committee must fill out this box before submitting to CAJE

Tuition set at \$ _____ annually

Greater Allowance Granted because:

Committee Members Making Decision:

1. _____ 2. _____

Signature

Date

Signature

Date