

NORTH SHORE HEBREW ACADEMY

ג"ס"ד



BUSINESS OFFICE
400 NORTH SERVICE ROAD
GREAT NECK, NY 11020
(516) 487-2424 x2

APPLICATION FOR TUITION ASSISTANCE

FOR SCHOOL YEAR _____

All required documents must be submitted along with this application.

All questions must be answered. If not applicable mark "N/A".

The committee may request additional material as needed.

Required Documents:

1. Federal and State Tax Returns, including W2's and 1099's, for both parents for the past two years, copy of canceled checks to the IRS and State. **NO EXTENSIONS ALLOWED**
2. If self-employed, partner or stockholder, furnish complete business returns including Schedule C
3. Copy of primary bank statements and credit card statements for the last nine months
4. Most recent mortgage/rent statement for primary residence
5. Most recent car lease/loan statement for all vehicles
6. Year end statements for all brokerage, investment, stock portfolio and retirement accounts
7. Copy of full Experian credit report with credit score for both parents. A free report is accessible from: <https://www.experian.com/>

A. FAMILY INFORMATION

1. **FATHER'S NAME** _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____
 HOME TEL NO. _____ BUS. TEL NO. _____ CELL. TEL NO. _____
 EMAIL _____ HIGHEST LEVEL OF EDUCATION _____

MOTHER'S NAME _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____
 HOME TEL NO. _____ BUS. TEL NO. _____ CELL. TEL NO. _____
 EMAIL _____ HIGHEST LEVEL OF EDUCATION _____

2. **SYNAGOGUE AFFILIATION:** _____ **Name/phone number of Rabbi** _____

3. **CHILDREN TO BE ENROLLED AT NORTH SHORE HEBREW ACADEMY (INDICATE GRADE FOR UPCOMING SEPTEMBER)**

NAME _____	GRADE _____	NEW APPLICANT? _____
NAME _____	GRADE _____	NEW APPLICANT? _____
NAME _____	GRADE _____	NEW APPLICANT? _____

CHILDREN ENROLLED IN OTHER SCHOOLS

NAME _____	GRADE _____	SCHOOL _____
TUITION PAID \$ _____	AMOUNT OF SCHOLARSHIP (IF ANY) \$ _____	
NAME _____	GRADE _____	SCHOOL _____
TUITION PAID \$ _____	AMOUNT OF SCHOLARSHIP (IF ANY) \$ _____	

B. EMPLOYMENT

FATHER Full time _____ Part Time _____

Employer _____ Job Description _____ # of years _____

Address _____ Annual Pay \$ _____ Yearly Bonus \$ _____

Are you self-employed? ___ Are you a partner or stockholder in the firm? ___ How many employees in company? _____

Is anyone to whom you are related the owner of this business? Yes No

If yes, please describe: _____

Are you the owner of this or any business? Yes No

If yes, please describe: _____

IRA or Keogh Plan? _____ Annual Contribution \$ _____ Current Balance \$ _____

Tax Shelter Annuity? _____ Annual Contribution \$ _____ Current Balance \$ _____

Deferred Income Plan? _____ Annual Contribution \$ _____ Current Balance \$ _____

MOTHER Full Time _____ Part Time _____

Employer _____ Job Description _____ # of years _____

Address _____ Annual Pay \$ _____ Yearly Bonus \$ _____

Are you self-employed? ___ Are you a partner or stockholder in the firm? ___ How many employees in company? _____

Is anyone to whom you are related the owner of this business? Yes No

If yes, please describe: _____

Are you the owner of this or any business? Yes No

If yes, please describe: _____

IRA or Keogh Plan? _____ Annual Contribution \$ _____ Current Balance \$ _____

Tax Shelter Annuity? _____ Annual Contribution \$ _____ Current Balance \$ _____

Deferred Income Plan? _____ Annual Contribution \$ _____ Current Balance \$ _____

C. FINANCIAL

1. Do you/spouse own a home? ___ Date of purchase _____ Purchase Price \$ _____

Original Mortgage _____ Present Balance _____

Monthly Mortgage Payment \$ _____ Monthly Real Estate Taxes \$ _____ Monthly Rental Income \$ _____

Annual Home Insurance \$ _____ Monthly Maintenance \$ _____

2. Do you rent? ___ Monthly Rental _____ Monthly Gas & Electric _____ No. of Years at Present Address _____

(please submit copies of rent checks front and back)

A. Do you/spouse own a vacation home? ___ Date of purchase? _____ Purchase Price \$ _____

Original Mortgage _____ Present Balance _____

3. Do you/spouse own any rental properties? ___

Date of purchase? _____ Purchase Price \$ _____ Original Mortgage _____ Present Balance _____

Date of purchase? _____ Purchase Price \$ _____ Original Mortgage _____ Present Balance _____

Date of purchase? _____ Purchase Price \$ _____ Original Mortgage _____ Present Balance _____

4. BANKING – Names and Addresses of Banks at which Family Maintains Accounts

SAVINGS ACCT.:

Name: _____ Address: _____ Acct. # _____ Present Balance \$ _____

Name: _____ Address: _____ Acct. # _____ Present Balance \$ _____

CHECKING ACCT.:

Name: _____ Address: _____ Acct. # _____ Present Balance \$ _____

Name: _____ Address: _____ Acct. # _____ Present Balance \$ _____

MONEY MKT. ACCT.:

Name: _____ Address: _____ Acct. # _____ Present Balance \$ _____

Name: _____ Address: _____ Acct. # _____ Present Balance \$ _____

5. OTHER SOURCES OF INCOME:

	HUSBAND	WIFE		HUSBAND	WIFE
Self Employment	\$ _____	\$ _____	Rentals	\$ _____	\$ _____
Fees/Commissions	\$ _____	\$ _____	Child Support	\$ _____	\$ _____
Dividends	\$ _____	\$ _____	Other	\$ _____	\$ _____
Interest	\$ _____	\$ _____			

6. Do any of your children have Trust Accounts, Guardianship Accounts, Gift to Minor Accounts? _____ Amt.\$ _____

7. Has family received financial assistance from other sources, such as relatives, grandparents, etc.? _____ Amt. \$ _____

8. Do you complete your own tax return? Yes ____ No ____

If no, give the name, address, phone number of person who does

D. FAMILY'S MONTHLY OBLIGATIONS/PAYMENTS: (Approximate)

1. Car Payments (total) \$ _____	American Express\$ _____	Visa \$ _____
Medical \$ _____	Master Charge \$ _____	Gas Cards \$ _____
Bank Loan \$ _____	Store Charges: Name _____	Amount \$ _____
Domestic Help \$ _____	Name _____	Amount \$ _____
Gardener \$ _____	Other \$ _____	

2. List all other Assets (Stocks, Bonds, US Bonds, Properties and Values, Tax Free Bonds, CD's etc.)

(Name of Family Member/Number of Shares or Face Value/Cost/Date of Purchase/Current Value)

If you need additional space, please provide a separate sheet of paper with all assets.

E. OTHER

1. Does the family lease a car? _____

Year _____ Model _____ Lease Price \$ _____ Year _____ Model _____ Lease Price \$ _____

Does the family own a car? _____

Year _____ Model _____ Price \$ _____ Year _____ Model _____ Price \$ _____

Total number of cars in family _____

2. CAMP

Child _____ Camp _____ Fee \$ _____ Length of Stay _____

Child _____ Camp _____ Fee \$ _____ Length of Stay _____

Child _____ Camp _____ Fee \$ _____ Length of Stay _____

3. VACATIONS

Parents: Last Two Years

Last year - Where _____ How Long? _____

Prev. Year - Where _____ How Long? _____

4. HOME IMPROVEMENTS

Have you made any home renovations in the past two years or are you planning any home renovations? Yes/No

Time Frame _____ Cost _____ Description _____

Time Frame _____ Cost _____ Description _____

F. ASSISTANCE REQUESTED

Amount we can pay for school year: \$ _____

Please state any facts which may be of assistance to the committee. You may add an additional page if needed.

G. Please write the names, addresses and telephone numbers of any grandparents:

I (we) affirm that all information provided herein is true and that any misrepresentation, failure to supply a material fact, or failure to advise of any material change in circumstance, may result in the denial or forfeiture of tuition assistance. Additionally, we will not disclose the amount of tuition assistance received from North Shore Hebrew Academy and expressly acknowledge that any such disclosure will result in the forfeiture of all tuition assistance from North Shore Hebrew Academy.

SIGNATURES: _____ Parent 1

_____ Parent 2

Date: _____

**NO APPLICATION WILL BE PROCESSED WITHOUT ALL REQUIRED DOCUMENTATION
ALL QUESTIONS MUST BE ANSWERED - IF NOT APPLICABLE MARK "N/A"**

**MAIL TO: North Shore Hebrew Academy Business Office
400 North Service Road
Great Neck, New York 11020
ATTENTION: FINANCIAL ASSISTANCE COMMITTEE
Call (516) 487-2424 x2**