

Esformes Hebrew Academy

Application for Financial Assistance

Elementary – High School

2018-2019 School Tuition

Registration Fee: \$ 200.00 per child
Late Registration Fee: \$ 350.00 per child
Monthly Tuition: \$ 795.00 per child payable in 10 monthly payments - K-8th
 \$ 1100.00 per child payable in 10 monthly payments - High School
Book Fee: \$ 300.00 – Kindergarten – 8th Grade
 \$ 400.00 – High School
Building Fee: \$ 200.00 per family

Parent/ Legal Guardian: _____ Date of Application: _____
 Address _____

Name of Student (s):
 Name: _____ Grade: _____ Age: _____ DOB: _____
 Name: _____ Grade: _____ Age: _____ DOB: _____
 Name: _____ Grade: _____ Age: _____ DOB: _____
 Name: _____ Grade: _____ Age: _____ DOB: _____

(Please list additional children on a separate page)

Before submitting your application, please refer to the checklist below to ensure that your application is complete. Then, read the affirmation and authorization, and sign in the spaces provided.

No financial assistance for fees. These must be paid prior to start date.

Financial assistance will NOT be considered unless an application to Step Up, AAA or other scholarship programs have been applied for.

Applied? _____ yes _____ no Status: _____
 Completed? _____ yes _____ no _____

No financial assistance will be considered until the previous year's financial obligations and the following requirements have been met.

I/We are prepared to pay \$ _____ total towards _____ tuition and requesting \$ _____ in assistance. <div style="text-align: center; font-size: small;">(child 1)</div>
\$ _____ total towards _____ tuition and requesting \$ _____ in assistance. <div style="text-align: center; font-size: small;">(child 2)</div>
\$ _____ total towards _____ tuition and requesting \$ _____ in assistance. <div style="text-align: center; font-size: small;">(child 3)</div>
\$ _____ total towards _____ tuition and requesting \$ _____ in assistance. <div style="text-align: center; font-size: small;">(child 4)</div>
for the 2018-2019 school year and therefore are requesting total financial assistance in the amount of \$ _____.

- All questions are answered in full (items which are not applicable should be marked N/A).
- Copies of complete personal tax return and business tax return if self-employed for 2016-2017, 2017-2018, and projected income for 2018-2019 with all supporting schedules.
- Amount of assistance requested (above)

- Signature of both parents (below)

Please Note: The information contained in this application will be maintained in strict confidence.

Father's Information		Mother's Information	
Name:		Name:	
Married?		Married?	
Cell Phone:		Cell Phone:	
Social Security #:		Social Security #:	
Occupation:		Occupation:	
# of years employed:		# of years employed:	
Employer:		Employer:	
Work Phone:		Work Phone:	
Previous Employer:		Previous Employer:	
Name of Family's Congregational Affiliation:		Name of Rabbi:	Phone:

School(s) of other child(ren) in family:

Name	School	Grade 2018	Tuition 2018-2019	Live with you?

Other child(ren) not of school age:

Name	Age	Live with you?	Name	Age	Live with you?

Do you own a car? ___yes ___no - If yes, what kind and how many? _____
 What are your payments? _____

Do you own or rent your home?
 ___ own Monthly Mortgage? _____
 ___ rent Monthly Rent? _____

What is your total income for year?
 2016-2017 _____ Projected income 2018-2019 _____
 2017-2018 _____

Father's Signature: _____ Date: _____

Mother's Signature: _____ Date: _____

<p>SCHOOL USE ONLY: Scholarship Eligibility: Step Up For Students – K-12th Grade: ___yes___ no Approved: _____ Amount: _____ Approved Tuition for 2018-2019 School Year: _____</p>
