

Esformes Hebrew Academy
Application for Financial Assistance
For 2019-2020 School Year
Pre-School
2019-2020 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
FULL DAYS 8-4
\$ 500.00 per child payable in 10 monthly payments
HALF DAYS 8-11:30
\$ 220.00 per child payable in 10 monthly payments
HALF DAYS 8-11:30 Tues & Thur only
Materials Fee: \$ 150.00
Building Fee: \$ 200.00
Snack Fee: \$ 50.00 per child
FACTS Fee: \$ 50.00 per family

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

Name of Student (s):

Name: _____ Age: _____ DOB: _____
Name: _____ Age: _____ DOB: _____
Name: _____ Age: _____ DOB: _____
Name: _____ Age: _____ DOB: _____

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.

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:

- All questions are answered (items which are not applicable should be marked N/A)
- Copies of complete personal tax return and business tax return if self-employed for 2017-2018, 2018-2019, and projected income for 2019-2020 with all supporting schedules.
- Amount of assistance requested (above)
- Signature of both parents (below)

Financial assistance will NOT be considered unless an application to VPK programs has been applied for. Applied? _____ yes _____ no Status: _____
 Completed? _____ yes _____ no _____

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

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.	(child 1)
\$ _____ total towards _____ tuition and requesting \$ _____ in assistance.	(child 2)
\$ _____ total towards _____ tuition and requesting \$ _____ in assistance.	(child 3)
\$ _____ total towards _____ tuition and requesting \$ _____ in assistance.	(child 4)
for the 2019-2020 school year and therefore are requesting total financial assistance in the amount of \$ _____.	

Schedule - Please check if you want FT or PT:

Monday		Tuesday		Wednesday		Thursday		Friday	
Full Time	Part-time	Full Time	Part-time	Full Time	Part-time	Full Time	Part-time	Full Time	Part-time

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

Name	School	Grade 2019-2020	Tuition 2019-2020	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?

2017-2018 _____ 2018-2019 _____.

Projected income 2019-2020 _____

Father's Signature: _____ Date: _____

Mother's Signature: _____ Date: _____

SCHOOL USE ONLY:

Scholarship Eligibility:

Approved Tuition for 2019-2020 School Year: _____