

**Esformes Hebrew Academy**  
Application for Needs-Based Assistance

**Preschool**

**2021-2022 School Tuition**

Early Registration Fee:	\$ 200.00 per child
Late Registration Fee:	\$ 350.00 per child
Monthly Tuition:	\$ 795.00 per child payable in 10 monthly payments
Supply Fee:	\$ 220.00 per child
Snack Fee:	\$ 50.00 per child
Building Fee:	\$ 200.00 per family
FACTS Fee:	\$ 50.00 per family

Parent/ Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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 the start date.**

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

<b>I/We are prepared to pay</b> \$ _____ 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)
<b>for the 2021-2022 school year and therefore are requesting total financial assistance in the amount of \$ _____.</b>

- 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 2019-2020, 2020-2021, and projected 2021-2022 with all supporting schedules.
- Amount of assistance requested (above)
- Signature of both parents (below)

## Esformes Hebrew Academy

### Application for Needs-Based Assistance

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 2021	Tuition 21-22	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 the year?  
 2019-2020                      2020-2021 \_\_\_\_\_

Projected income 2021-2022      \_\_\_\_\_

Father's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mother's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b><u>SCHOOL USE ONLY:</u></b>				
Scholarship Eligibility:				
Step Up For Students – K-12th Grade:	yes	no	Approved:	Amount:
Approved Tuition for 2021-2022 School Year:				