



APPLICATION FOR SCHOLARSHIP ALLOWANCE

(The information herein will be maintained in strict confidence)

Date Of Application

Names of children for whom Scholarship is requested.

Last Name	First Name	Grade Entering In September
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

This application must be completed by all applicants for financial assistance. This form *must* be filled out in *full* in order to receive consideration. Please answer *all* questions. Incomplete applications will be returned.

The Scholarship Committee offers financial assistance to qualified applicants who are not able to meet the cost of tuition. Scholarship allowances are granted for a period of *one year only*. It is the obligation of each financial aid recipient to inform Yeshivat Beit Hillel immediately of any change in circumstances that might justify reconsideration of the amount of grant.

Request for allowances *must be accompanied* by a photostatic copy of *all pages* of your *1040 Federal Tax Forms and W-2 Forms* for both husband and wife, for the past 2 years and all supporting data. If you own all/part of a privately owned business, the business entity's tax return and financial statements *must accompany* this application.

1. General Information

	Father		Mother
Name:	_____	Name:	_____
Address:	_____	Address:	_____
	_____	(if different)	_____
	_____		_____
Telephone:	_____	Telephone:	_____
Social Security No:	_____	Social Security No:	_____
Age:	_____	Age:	_____
Marital Status:	_____	Marital Status:	_____
Occupation:	_____	Occupation:	_____
Employer:	_____	Employer:	_____
Address:	_____	Address:	_____
	_____		_____
	_____		_____
Telephone:	_____	Telephone:	_____
# Years Employed:	_____	# Years Employed:	_____
Name Of Family's Congregational Affiliation: _____			
Address: _____			
Rabbi: _____			

2. Schools other children in family attend - Please attach copy of respective tuition contracts.

Name	School	Grade In Sept.	Actual Full Tuition	Amount To Be Paid
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

3. Other children who are not of school age

Name	Age
_____	_____
_____	_____
_____	_____

4. Annual Gross Income

	Total Last Year	Estimated This Year
A. Gross Salaries (before tax deduction)		
1. Father:	_____	_____
2. Mother:	_____	_____
B. All Other Income:		
1. Dividends:	_____	_____
2. Interest:	_____	_____
3. Capital Gains:	_____	_____
4. Commissions:	_____	_____
5. Income Tax Refunds:	_____	_____
6. Other (Unemployment Benefits, Disability, Etc.):	_____	_____
C. Amount of financial assistance provided by family:	_____	_____

5. Banking - Include checking, saving, money market, etc...:

Name Of Bank	Type Of Account	Present Balance
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Investments - Include brokerage accounts, securities, mutual funds, other investments, pension plan, IRA, 401(k), etc... List all shares of stock, securities, bonds, mortgages and any other type of investment, showing the names of companies, number of shares held and in whose name registered:

Name Of Institution/Security	Type Of Account	Present Market Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. Business Interests - If you are a shareholder/partner in a privately owned business, please attach the most recent full year and interim financial statements.

Business Name & Nature: _____
 List all parties in business, their relationship to you and extent of their interest: _____

 Value of Business: _____

8. Other Assets - List all other assets, show how and where acquired, cost, source of funds and present value.

	Present Value
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

9. Automobiles

Circle One	Make	Model	Year	Monthly Payment
Own/Lease	_____	_____	_____	\$ _____
Own/Lease	_____	_____	_____	\$ _____
Own/Lease	_____	_____	_____	\$ _____

10. Real Estate - Residence

- A. Do you/spouse own a home? _____ Date purchased: _____
- B. In whose name is title held & address? _____
- C. Purchase Price: _____ Source of funds: _____
- D. Mortgage: Amount: _____ Balance: _____
 Monthly payments, including taxes: _____ Annual taxes: _____
- E. Cost, nature & dates of additions or improvements: _____

- F. Market Value: _____ Assessed Value: _____
- G. If income property: Tenants & Rent: _____
- H. If you rent your home/apartment, what is monthly payment? _____

11. Other Loans

	Principal	Monthly Payment	Balance
Bank Loan:	_____	_____	\$ _____
Other Loan (Describe):	_____	_____	\$ _____

12. Family's Monthly Obligations/Payments

Store Charges: Name:	_____	Amount: \$ _____
	Name: _____	Amount: \$ _____
Credit Cards: Name:	_____	Amount: \$ _____
Insurance: Name:	_____	Amount: \$ _____
Gas Cards: Name:	_____	Amount: \$ _____
Medical: Name:	_____	Amount: \$ _____
Domestic Help: Name:	_____	Amount: \$ _____
Other: Name:	_____	Amount: \$ _____

13. Camp

Did your children go to camp last summer? Yes: _____ No: _____

Name Of Child	Camp Attended	No. Of Weeks	Cost
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Will your children attend camp this summer? No: _____ Cost: _____

14. Vacations

This Year - Place:	_____	Date: _____	Cost: \$ _____
Last Year - Place:	_____	Date: _____	Cost: \$ _____

15. Transportation

Are you paying for transportation this current year? Yes: _____ No: _____

If yes, Amount Paid: \$ _____ Amount Reimbursed: \$ _____

16. Assistance Requested (Note; this section must be completed for scholarship consideration)
PLEASE NOTE THAT REGISTRATION, MEMBERSHIP, FUNDRAISING, VOUCHERS AND BUILDING FUND DO NOT QUALIFY FOR SCHOLARSHIP ALLOWANCE.

A. What is the maximum amount of the Tuition that you can pay (not including registration, membership, fundraising, vouchers and building fund.) Amount: \$ _____

B. Please explain in detail reasons for requiring financial aid and how you arrived at the amount: _____

Please advise if you wish to have a private meeting with the scholarship committee to present any explanations you deem necessary or to advise the committee of any additional information not listed herein.

Yes: _____ No: _____

Please read carefully and sign:

I (we) hereby affirm that the information reported on this application and the documents which I (we) have submitted herewith are true and correct. I(we) fully understand that acceptance of scholarship money requires me(us) to participate in the Yeshiva's fund raising and other school projects. I(we) am aware that should any inconsistencies in my application concerning my(our) finances be found, I(we) will forfeit all rights to financial assistance. I(we) understand that should my(our) financial situation improve, I(we) will notify the Scholarship Committee and agree to a re-evaluation of financial aid.

Yeshivat Beit Hillel and the Scholarship Committee, upon receipt of this application has/have my/our permission to verify the information reported. If requested I/we agree to send to the Scholarship Committee any additional documentation deemed necessary to aid in the proper evaluation of this application.

Father's Signature	Date	Mother's Signature	Date

Yeshiva Service Obligation

Name: _____

The Yeshiva recognizes that not all parents can afford to pay full tuition, and in these cases, the Yeshiva provides scholarship assistance. However, in return, we ask you to use your best efforts to raise outside funds and to give of your time to help the Yeshiva in other ways. The following is a list of areas where the school requires assistance throughout the year. We ask that you please commit to a minimum of two areas. If circumstances are such that you need to apply for a scholarship in future years, the scholarship committee will evaluate whether you have fulfilled these obligations.

Please check a minimum of two areas:

- Journal Committee (Telephone Solicitations, Proofreading)
- Raffle Committee (Telephone Solicitations)
- Physical Plant - Maintenance and Improvement (Moving materials, painting, etc.)
- Administrative Duties (Preparing Mailings, Phone Calls re Shiva, etc.)
- Pushka Committee
- Other _____

For those parents who received scholarship assistance this past year, please list the ways in which you helped the Yeshiva raise funds or otherwise volunteered to help. Please be specific and list the amount of time spent and the amount of funds raised:

Please note that although the Scholarship Committee will do its best to grant your request for a scholarship, let us not forget the Mishna in Avot "*Im ein kemach, ein Torah*". We do not consider a scholarship allowance to be a free gift - rather we consider it to be assistance provided to solve a short term need. We all hope that your financial situation improves, and whether that be within the school year when the scholarship is granted, or several years later, you will recognize your responsibility to repay the Yeshiva for any scholarship funds granted.

Father's Signature: _____

Mother's Signature: _____

Date: _____

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