



NORTH SHORE HEBREW ACADEMY HIGH SCHOOL

תש"ד

16 CHERRY LANE
GREAT NECK, NY 11024
ADMINISTRATION OFFICE: (516) 487-8687

FOR SCHOOL YEAR _____

APPLICATION FOR TUITION ASSISTANCE

(The information herein will be maintained in strict confidence)

The information contained in this application is for the purpose of applying to the North Shore Hebrew Academy High School for financial assistance. The undersigned will promptly notify North Shore Hebrew Academy High School of any material change in circumstance, and understands that any misrepresentation, failure to supply a material fact, or failure to advise of any material change in circumstance, may result in denial of forfeiture of tuition assistance. The undersigned represents that all statements made herein are true and any tuition assistance provided will not be disclosed and will remain confidential. All questions must be answered. If not applicable mark "N/A." The Committee may request additional information or verification of any representation made.

INSTRUCTIONS

- Both parents must sign the application
- A full and COMPLETE Form 1040 Federal Tax Form (W2's, 1099's for both husband and wife) as well as NY State Tax Form for past 2 years must also be enclosed. Also include a copy of cancelled check to IRS AND STATE.
(No extensions allowed)
- If self-employed, partner or stockholder, furnish complete business returns for the past two years
(No extensions allowed)
- Attach current credit report (free report accessible from annualcreditreport.com/EXPERIAN)

A. FAMILY INFORMATION

1. APPLICANT'S NAME _____ HOME TEL NO. _____ BUS. TEL NO. _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____
 RELATIONSHIP TO CHILD _____ EITHER OF CHILD'S PARENTS DECEASED? _____

2. Are Parents Divorced _____ Legally Separated _____

3. Husband's Name _____ Occupation _____ Birthdate _____ Highest Grade of Education _____

4. Wife's Name (Maiden) _____ Occupation _____ Birthdate _____ Highest Grade of Education _____

5. Synagogue Affiliation _____

6. Children at North Shore Hebrew Academy

Name _____	Grade _____	Soc. Security # _____
Name _____	Grade _____	Soc. Security # _____
Name _____	Grade _____	Soc. Security # _____
Name _____	Grade _____	Soc. Security # _____

Other Children

Name _____	Age _____	Soc. Security # _____	School _____	Tuition Paid \$ _____
Name _____	Age _____	Soc. Security # _____	School _____	Tuition Paid \$ _____
Name _____	Age _____	Soc. Security # _____	School _____	Tuition Paid \$ _____

B. EMPLOYMENT

FATHER Full time _____ Part Time _____
 Employer _____ Job Description _____ # of years _____
 Address _____ Annual Pay \$ _____
 Are you self-employed? ____ Are you a partner or stockholder in the firm? ____ How many employees in company? ____
 Is the firm owned in any part by you/wife's family? _____
 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 \$ _____
 Are you self-employed? ____ Are you a partner or stockholder in the firm? ____ How many employees in company? ____
 Is the firm owned in any part by you/husband's family? _____
 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/wife own a home? ____ Date of purchase? _____ Co-op ____ Winter/Summer Home of Apt. _____
 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)

3. Line 32 (Adjusted Gross Income) of latest 1040 Federal Tax Return \$ _____ Line 32 of Wife's 1040 Form \$ _____

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/OUTSIDE INCOME/REAL PROPERTY:**

	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(s) Loan \$ _____	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)

E. OTHER

1. Does the family own a car? _____ Does the family lease a car? _____ Total number of cars in family _____
Year _____ Model _____ Year _____ Model _____ Year _____ Model _____

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? _____

F. ASSISTANCE REQUESTED

Amount we can pay for school year: \$ _____
Please state any facts which may be of assistance to the committee

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

NO APPLICATIONS WILL BE PROCESSED WITHOUT THE ABOVE REQUESTED INFORMATION,
INCLUDING A COPY OF THE APPROPRIATE TAX FORMS FURNISHED.
ALL QUESTIONS MUST BE ANSWERED - IF NOT APPLICABLE MARK "N/A"

I (We) affirm that the above information is accurate and complete and agree to advise the school promptly of any changes in the above information. I (We) further affirm that I will not disclose the tuition assistance received from North Shore Hebrew Academy High School with regards to the upcoming school year and expressly acknowledge that any such disclosure disqualifies you from receiving any future tuition assistance from North Shore Hebrew Academy High School.

SIGNATURES: _____ Husband

_____ Wife

Date: _____

MAIL TO: North Shore Hebrew Academy High School
 16 Cherry Lane
 Great Neck, New York 11024
 ATTENTION: H.S. FINANCIAL ASSISTANCE COMMITTEE
 Call (516) 487-8687

REMARKS:

DO	Date	COMMITTEE MEMBERS	NO. OF CHILDREN	ACTUAL TUITION	SCHOLARSHIP GRANT	TUITION DUE	REMARKS

NOT WRITE BELOW THIS LINE

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