

**Tuition Assistance Application** 

Westchester Hebrew High School is committed to providing a day school education to families unable to cover the full cost of tuition and fees. Funding is provided by the generosity of donors to our Scholarship Fund. All data and information will be kept confidential and used solely for the purpose of deciding how to best allocate financial aid to those in need.

To help the Tuition Assistance Committee reach a determination, this application must be completed in its entirety and all required supporting documentation must be submitted to the school. In addition, families must complete an online FACTS Grant & Aid Application, and provide any documentation requested directly to FACTS.

Please use additional sheets of paper to fully complete all sections of the application. Applications must be submitted to the WHHS Business Office by January 6, 2023. Applications filed thereafter will require a \$100 fee.

FAMILY INFORMATI	ION						
Father			Mother				
NAME AND TITLE			NAME AND T	ITLE			
Social Security Number			Social Sec	curity Num	ber		
Home Address			Home Ad	dress			
Cell Phone			Cell Phon	ie.			
Email Address			Email Add				
Students for whom scholars	ship is requested (a	s of Septe	mber 2022):				
Name			Age		Grade		
SCHOOL INFORMA	TION for childrer	n in the fan	nily (including	applicant)			
Child's Name	Age	Grade	School		Total Tuition	Scholarship Amount	Net Tuition
	·						
CAMP INFORMATION	<b>ON</b> for all children	in the fam	ily (including a	applicant)			
Child's Name	Age	Camp/Pr	ogram Name		Experience np, sleep-away, am, etc.)	Camp Fee or Program Cost	Paid by whom?

EMPLOYMENT INFORMATION		
Father	Mother	
Employer/Business Name	Employ	er/Business Name
Business Address	Busines	s Address
Job Title	Job Title	9
Annual Salary	Annual	Salary
Commission/Bonus	Commis	ssion/Bonus
Years with company	Years w	ith company
Are you an owner of this business?   Yes	☐ No Are you	an owner of this business?   Yes No
Is anyone related to you an owner of this bus	iness? Is anyor	ne related to you an owner of this business?
☐ Yes ☐ No If yes, who?	☐ Yes	□ No If yes, who?
If unemployed, retired, disabled or employed (company, title, annual salary and any several		ase provide prior employer information:
OTHER/OUTSIDE INCOME		
Father	Mother	
Child support	Child su	pport
Alimony	Alimony	1
Dividends	Dividen	ds
Interest	Interest	
Rental income	Rental i	ncome
Partnership income	Partner	ship income
REAL PROPERTY INFORMATION		
A. If you own real estate, please check the ty	pe of property:	
☐ House ☐ Co-op apartment ☐ Condo	Commercial space	□ Vacation property*
Purchase price \$	Year purchased	Current market value \$
Mortgage amount \$	Balance owed \$	Monthly payment \$
Does this include real estate taxes?    Yes	□ No	
Annual real estate taxes \$	Monthly maintenance	\$
*If vacation property owned, please attach above informa		
B. If you rent an apartment/house:		
	Ves DNo Ifno	t included, monthly amount of utilities. \$



# FINANCIAL INFORMATION

### Bank and money market accounts

(including any trust accounts, guardianship accounts or gift to minor accounts in your name or any of your children's names)

Type of Account	Account Number	Bank/Fund Name	Location	Account Holder	Balance

#### **Investment and Retirement Accounts**

(including any trust accounts, guardianship accounts or gift to minor accounts in your name or any of your children's names)

Type of Account	Account Number	Bank/Fund Name	Location	Account Holder	Balance

**Liabilities** *Indebtedness* (list all bills such as credit cards, student loans, etc.)

Type of Account	Account Number	Bank/Fund Name	Location	Account Holder	Balance

### **Automobiles**

Make/Model	Year	Owned or Leased	Monthly Payment
1.			
2.			
3.			
4.			

#### **Estimated Monthly Expenses**

Item	Estimated monthly expense	Item	Estimated monthly expense
Car loans		Domestic help/daycare	
Credit cards		Synagogue dues	
Student loans		Other school tuitions	
Medical & dental		Cym memberships	
Gas & commutation		Life insurance premiums	
Home maintenance			



OTH	IER INFORMATION	
Please re	espond to the following questions here or on a s	eparate sheet of paper:
_	ain any changes in your financial sta yment, number of dependents, illnes	tus during the past academic year (such as change of occupation, place of
_	ain the nature and cost of all co-cur	ricular, tutoring, college prep or weekend activities your children
	cribe any vacations or trips that you g year, including anticipated costs.	and/or your family have taken in the past three years or plan to take in the
4. Have	e vou or will vou be applying for fina	ncial aid from any outside source (local Federation, Oorah, etc.)?
Yes	□ No	
	Assistance Requested	
	Please state what you believe is an	amount you can pay on a monthly basis for the applicant to attend over a ten month period (June 2023 - March 2024):
	Senior Trip (12th grade o	only)
	receiving tuition assistance elect to	for which WHHS is unable to offer financial assistance. Should families o send their students on the Senior Trip, the annual tuition assistance f the cost of the trip. By signing below, you acknowledge your this provision.
	Father's signature:	Mother's signature:
	Date:	Date:
	Parent/Guardian Certific	cation
	We declare that the information re and complete. Should it be discovered	ported on this application is to the best of my/our knowledge true, correct ered that information is not true and correct, we understand that the and that we will be responsible for the full amount of our child(ren)'s

Father's signature:	Mother's signature:
Date:	Date:



# AUTHORIZATION TO VERIFY, OBTAIN AND RELEASE INFORMATION

We hereby authorize WHHS to verify our past and present employment earnings records, bank accounts, stock holdings and any other income, assets or liabilities, as well as other information listed on our application, including other educational institutions attended by our children, the tuition paid and the tuition assistance, if any, received. We further authorize WHHS to order a consumer credit report and verify other credit information. It is understood that a photocopy or scanned copy of this form will also serve as authorization.

We hereby authorize WHHS to obtain my/our credit report(s) in connection with my/our Application for Tuition Assistance and agree to execute and return the attached Consumer Credit Search Release Authorization. We are aware that such report(s) will be shared with members of the Tuition Assistance Committee, their appointed agents and/or others connected with this application.

We acknowledge and agree to the following: (1) verification or re-verification of any information contained in my/our application may be made at any time by WHHS, either directly or through a credit reporting agency; (2) WHHS will rely on the information set forth in my/our application; and (3) we have a continuing obligation to immediately report to WHHS any substantial changes to any of the information provided herein.

Father's Signature	Mother's Signature	
Print Name	Print Name	
Date Signed	Date Signed	

# **DOCUMENTATION CHECKLIST**

- 1. Completed 1040, W-2, and 1099 forms for both parents, as well as any state tax forms for 2021 and 2022 must be enclosed. WHHS requires that you submit your 2022 return no later than April 15, 2023, even if you have been granted an extension by the IRS.
- 2. Completed and signed Federal Tax Form 4506-T (Request for Transcript of Tax return, attached).
- 3. Consumer Credit Search Release Authorization Forms completed and signed by each parent.
- 4. Copy of your 2022 mortgage statement for any property owned, including your primary residence, secondary residence, time-share or business property.
- 5. 2022 property tax bills for all owned properties.
- 6. Copy of leases for all rental properties, including all residential and business properties.
- 7. If you have a 10% or greater interest in a business entity, provide complete business returns for the past two years.
- 8. Copy of both parents' drivers' licenses.
- 9. Copy of most recent auto insurance declaration page for all cars owned or leased.
- 10. Copy of 2021 and 2022 camp or summer program bills for all children.
- 11. Copy of 2021 and 2022 school bills, including college and graduate school for all children.
- 12. Bank and investment/brokerage statements for all accounts for a 12-month period prior to submission of this application.
- 13. Year-end summaries for all credit card and store accounts for 2021 and 2022.

PLEASE NOTE: You must also register with the FACTS Grant & Aid Assessment Division ("FACTS") of the FACTS Management Company and provide documentation they request directly to them.

You can access FACTS on our website: www.whhsny.org

