



לב נבון יבקש דעת

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 8, 2021. Applications filed thereafter will require a \$100 fee.

FAMILY INFORMATION

Father

NAME AND TITLE

Social Security Number

Home Address

Cell Phone

Email Address

Mother

NAME AND TITLE

Social Security Number

Home Address

Cell Phone

Email Address

Students for whom scholarship is requested (as of September 2020):

Name

Age

Grade

SCHOOL INFORMATION for children in the family (including applicant)

Child's Name	Age	Grade	School	Total Tuition	Scholarship Amount	Net Tuition

CAMP INFORMATION for all children in the family (including applicant)

Child's Name	Age	Camp/Program Name	Type of Experience (i.e. day camp, sleep-away, Israel program, etc.)	Camp Fee or Program Cost	Paid by whom?

EMPLOYMENT INFORMATION

Father

Employer/Business Name _____

Business Address _____

Job Title _____

Annual Salary _____

Commission/Bonus _____

Years with company _____

Are you an owner of this business? Yes No

Is anyone related to you an owner of this business?

Yes No If yes, who? _____

Mother

Employer/Business Name _____

Business Address _____

Job Title _____

Annual Salary _____

Commission/Bonus _____

Years with company _____

Are you an owner of this business? Yes No

Is anyone related to you an owner of this business?

Yes No If yes, who? _____

If unemployed, retired, disabled or employed less than two years, please provide prior employer information:
(company, title, annual salary and any severance pay)

OTHER/OUTSIDE INCOME

Father

Child support _____

Alimony _____

Dividends _____

Interest _____

Rental income _____

Partnership income _____

Mother

Child support _____

Alimony _____

Dividends _____

Interest _____

Rental income _____

Partnership income _____

REAL PROPERTY INFORMATION

A. If you own real estate, please check the type 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 information on separate sheet.*

B. If you rent an apartment/house:

Monthly rental fee: \$ _____

Utilities? Yes No

If not 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		Gym memberships	
Gas & commutation		Life insurance premiums	
Home maintenance			

OTHER INFORMATION

Please respond to the following questions here or on a separate sheet of paper:

1. Explain any changes in your financial status during the past academic year (such as change of occupation, place of employment, number of dependents, illness, etc.)

2. Explain the nature and cost of all co-curricular, tutoring, college prep or weekend activities your children participate in.

3. Describe any vacations or trips that you and/or your family have taken in the past three years or plan to take in the coming year, including anticipated costs.

4. Have you or will you be applying for financial 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 Westchester Hebrew High School over a ten month period (June 2020 - March 2021):

\$ _____

Senior Trip (12th grade only)

Senior Trip is an optional program for which WHHS is unable to offer financial assistance. Should families receiving tuition assistance elect to send their students on the Senior Trip, the annual tuition assistance awarded will be reduced by 50% of the cost of the trip. By signing below, you acknowledge your understanding and acceptance of this provision.

Father's signature: _____

Mother's signature: _____

Date: _____

Date: _____

Parent/Guardian Certification

We declare that the information reported on this application is to the best of my/our knowledge true, correct and complete. Should it be discovered that information is not true and correct, we understand that the school may revoke the financial aid and that we will be responsible for the full amount of our child(ren)'s tuition.

Father's signature: _____

Mother's signature: _____

Date: _____

Date: _____



WESTCHESTER
HEBREW
HIGH SCHOOL

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 2019 and 2020 must be enclosed. WHHS requires that you submit your 2020 return no later than April 15, 2021, 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 2020 mortgage statement for any property owned, including your primary residence, secondary residence, time-share or business property.
5. 2020 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 2019 and 2020 camp or summer program bills for all children.
11. Copy of 2019 and 2020 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 2019 and 2020.

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