



FINANCIAL ASSISTANCE APPLICATION

Participant Last Name _____ First Name _____ Middle Name _____

Address _____

City _____ State _____ Zip _____

Date of Birth _____ Age _____ Current Grade _____

Mother's Name _____ Mother's Home Phone # _____

Mother's Occupation _____ Mother's Work Phone # _____

Mother's Employer _____

Mother's E-Mail _____ Cell Phone # _____

Is the applicant's mother unemployed? ___ Yes ___ No If yes, how long? _____

Father's Name _____ Father's Home Phone # _____

Father's Occupation _____ Father's Work Phone # _____

Father's Employer _____

Father's E-mail _____ Cell Phone # _____

Is the applicant's father unemployed? ___ Yes ___ No If yes, for how long? _____

Parents' Marital Status: ___ Married ___ Separated ___ Divorced ___ Widowed

Child lives with: ___ Both parents ___ Mother ___ Father ___ Other- Explain: _____

Name and ages of siblings:

Does sibling live at home?



_____ Yes _____ No
 _____ Yes _____ No
 _____ Yes _____ No

Other dependents living in the home: _____

Which synagogue, if any, are you affiliated? _____

Applicant attends public or private school? _____ Public _____ Private

Total family private school tuition \$ _____ scholarship \$ _____
 (per year) (per year)

Name of private school: _____

Is the applicant currently working? ___ Yes ___ No. If yes the average weekly salary is \$ _____

Family's Financial Status

The following must be filled out completely in order to be considered for financial assistance, and a copy of your 2021 tax return.

ANNUAL INCOME (taxable income before deductions)

Salaries/Wages-Parent/Guardian 1	_____	_____
Salaries/Wages-Parent/Guardian 2	_____	_____
Dividends/Interest	_____	_____
Alimony	_____	_____
Net profit/loss from business	_____	_____
Other taxable income	_____	_____
Payments to IRA and/or KEOGH plans	_____	_____

Total Annual Income



NON-TAXABLE INCOME

Child support	_____	_____
Social Security benefits	_____	_____
Other non-taxable income	_____	_____

Total Non-Taxable Income

TOTAL INCOME

Total Income (Annual + Non-Taxable)

ANNUAL EXPENDITURES

Rent	_____	_____
Mortgage	_____	_____
Medical (not covered by insurance)	_____	_____
Dental (not covered by insurance)	_____	_____
Loan payments	_____	_____
College tuitions and private school	_____	_____
Extraordinary expenses	_____	_____
Additional expenses	_____	_____

Total Annual Expenditures

Please describe in detail the needs or special circumstances that make your application necessary. Please type clearly (add additional pages if necessary).
