



Administration Office  
Ari Solomon, Executive Director

**2019/2020 PROCEDURES TO APPLY FOR TUITION ASSISTANCE**

Please follow the steps below in order to be in compliance with the requirements of our Tuition Assistance Committee.  
**Application process is open: February 25, 2019 with FACTS Grant & Aid Assessment.**  
**Deadline: Application must be received on or before April 12, 2019.**

**STEP 1:**

**FACTS Grant & Aid Assessment is conducting parent financial need analysis for the 2019/2020 school year.**  
**FACTS website: <https://online.factsmgt.com/aid>**

Families applying for financial aid must complete the FACTS application and submit all supporting documentation to FACTS Grant & Aid Assessment. All supporting documentation can be uploaded in PDF format online, faxed to 1-866-315-9264 or mailed to the address below. Be sure to include your "Applicant ID" on all faxed or mailed correspondence.

**REQUIRED DOCUMENTATION:**

- Copies of 2018 Federal Income Tax, including all supporting tax schedules. If not done, 2017 Federal Income Tax Return.
- Copies of your 2018 W-2 forms for both you and your spouse.
- Copies of supporting documentation for Social Security Income, Welfare, Child Support, Food Stamps, Workers' Compensation, and TANF.

**FACTS Grant & Aid Assessment  
P.O. Box 82524  
Lincoln, NE 68501-2524**

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**STEP 2:**

**All parents applying for Tuition Assistance must also complete the HAFTR Application.**  
**Online HAFTR Application -- [www.haftr.org](http://www.haftr.org)**  
**Mail or email your application and all data: [kawild@haftr.org](mailto:kawild@haftr.org)**

- **Complete the HAFTR Application, sign and mail back with \$18 processing fee made out to HAFTR.**
- **Include:**
  - Copy of credit report for both parents from Equifax (800.685.1111) or Experian (888.397.3742).
  - Copy of your 2018 Federal Tax Return, including all schedules and your Business Return, if applicable.
  - Copy of your 2017 tax return including all supporting tax schedules, if you filed for an extension for 2017.
  - Include a copy of the 2018 W-2 for both parents.
  - Copy of supporting documentation for Social Security Income, Welfare, Child Support, Food Stamps, Workers' Compensation, and TANF, if applicable.
- **New parents: Submit the last three years of your Federal Tax Returns, including all supporting tax schedules.**

If you have questions or concerns about the application process, you may speak with a FACTS Customer Care Representative at 1-866-315-9262. General questions, please call Karen Wild at HAFTR--516-569-3370, ext. 109.

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**\*\*\*Incomplete applications will not be reviewed by HAFTR\*\*\***

**If your application is received after the deadline, HAFTR, in its sole discretion, shall reserve its right to either reject such application or otherwise reduce your award for tuition assistance based on monies available at that time in our Scholarship Fund.**



Administration Office  
Ari Solomon, Executive Director

**TRANSFER FINANCIAL VERIFICATION REQUEST**

Please have each yeshiva that your child(ren) attended fill out a copy of our "Transfer Financial Verification Request." No child will be admitted to the Hebrew Academy of the Five Towns and Rockaway, unless financial obligations/debts have been fully cleared at all previous yeshivas.

Sincerely,

Ari Solomon, Executive Director  
Aileen Gellman, Director of Finance

**STUDENT INFORMATION**

Student Full Name:	Current Street Address:	City, State, Zip:	
Mother's Full Name:	Father's Full Name:	Married: <input type="checkbox"/>	Divorced: <input type="checkbox"/>
Parent Signature:	Date Submitted:	Separated: <input type="checkbox"/>	Widowed: <input type="checkbox"/>
Home Phone Number:	Cell Number:	Parent responsible for educational payments: Husband: <input type="checkbox"/>	Wife: <input type="checkbox"/>
		Student's DOB:	Grade Entering:

**YESHIVA INFORMATION**

Name of Yeshiva:	Street Address:	City, State, Zip:
Parents Financial Status: Cleared: _____ Balance Remaining: _____ Any financial issues we should be made aware of: _____		
Signature of School Official: _____		Date: _____
Title: _____		

**Original copy with signature must be sent from the yeshiva directly to: Hebrew Academy of the Five Towns and Rockaway  
Attention: Mr. Ari Solomon, Executive Director, 389 Central Avenue, Lawrence, NY 11559**

*For Office Use Only:*

Date Financial Clearance Received: \_\_\_\_\_  
Approved for Admission by: \_\_\_\_\_



# Hebrew Academy of Five Towns and Rockaway

389 Central Avenue • Lawrence, NY 11559

APPLICATION FOR TUITION ASSISTANCE (GRADES K-12)  
FOR SCHOOL YEAR SEPTEMBER 20\_\_ - JUNE 20\_\_

FOR OFFICE USE ONLY
Date Application Received
____/____/____

The information herein will be maintained in strict confidence.

NOTE: ALL QUESTIONS MUST BE ANSWERED. IF "NOT APPLICABLE," PLEASE STATE.

- A signed copy of the current Federal Income Tax Return, including all W-2s, schedules and attachments (including Partnership Returns and Form 1120S), for the applicant and student(s) if applicable, must accompany this application.
- If you have not filed your 1040 for the year, please send copies of all W-2s and 1099s. Upon completion of the 1040, please submit a copy for our records. If extension is filed, please submit a copy.
- First time applicants are required to submit three years (3) of their Federal Income Tax Returns.
- FACTS online application must be completed
- Attach credit report for both parents from Equifax (800.685.1111) or Experian (888.397.3742)

FATHER'S NAME: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Synagogue Affiliation: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Synagogue Affiliation: \_\_\_\_\_

Marital Status:  Married  Divorced  Separated  Widowed *If separated or divorced, include paperwork showing party responsibility for educational payments.*

Previously applied for tuition assistance:  No  Yes, \_\_\_\_\_ (years) New Parent:  No  Yes

### DEPENDENT INFORMATION

Total number of children in the household: \_\_\_\_\_

Children to be enrolled in HAFTR: *(Indicate grade for this coming September)*

CHILD'S NAME	AGE	GRADE

Children enrolled in other schools: *(Indicate grade for this coming September)*

CHILD'S NAME	AGE	GRADE	SCHOOL	TUITION	AMOUNT OF SCHOLARSHIP <i>(if any)</i>

## FAMILY EMPLOYMENT

**FATHER'S CURRENT EMPLOYER:**

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How \_\_\_\_\_ long employed?

Current Position: \_\_\_\_\_

Full Time  Part Time \_\_\_\_\_ hours per week

Are you the owner of this or any other business?

No  Yes

If yes, please describe the business owned and the extent of your ownership: \_\_\_\_\_

Is anyone to whom you are related the owner of this business?  No  Yes

If yes, please describe: \_\_\_\_\_

**MOTHER'S CURRENT EMPLOYER:**

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How \_\_\_\_\_ long employed?

Current Position: \_\_\_\_\_

Full Time  Part Time \_\_\_\_\_ hours per week

Are you the owner of this or any other business?

No  Yes

If yes, please describe the business owned and the extent of your ownership: \_\_\_\_\_

Is anyone to whom you are related the owner of this business?  No  Yes

If yes, please describe: \_\_\_\_\_

## INCOME

FATHER			
ANNUAL GROSS EARNINGS	AMOUNT		
LAST YEAR	\$		
ANTICIPATED THIS YEAR	\$		
	YES	NO	\$
ALIMONY			\$
CHILD SUPPORT			\$
WORKMEN'S COMP			\$
WELFARE			\$
DISABILITY			\$
OTHER			\$

MOTHER			
ANNUAL GROSS EARNINGS	AMOUNT		
LAST YEAR	\$		
ANTICIPATED THIS YEAR	\$		
	YES	NO	\$
ALIMONY			\$
CHILD SUPPORT			\$
WORKMEN'S COMP			\$
WELFARE			\$
DISABILITY			\$
OTHER			\$

## EXPENSES

### HOUSING

**IF YOU RENT:** Monthly Rent: \_\_\_\_\_

**IF YOU OWN:** Original Purchase Price: \$ \_\_\_\_\_ Down Payment: \$ \_\_\_\_\_

Original Amt. of Mortgage: \$ \_\_\_\_\_ Present Balance: \$ \_\_\_\_\_

Date of Purchase: \_\_\_\_\_

Bank Name or Lending Institution: \_\_\_\_\_

Monthly Mortgage Payment: \$ \_\_\_\_\_  includes real estate taxes.  
 excludes real estate taxes.

Gross Annual Real Estate Taxes (County and School): \$ \_\_\_\_\_

**Do you own a second home or bungalow?**  Yes  No

**IF YES:** Original Purchase Price: \$ \_\_\_\_\_ Down Payment: \$ \_\_\_\_\_ Date of Purchase: \_\_\_\_\_

VACATION  RENTAL  OTHER (specify) \_\_\_\_\_

### HOME LOANS

**Do you have a second mortgage or home equity loan?**  No  Yes Amount of loan: \$ \_\_\_\_\_

**IF YES:** Monthly payments: \$ \_\_\_\_\_

Years left to pay off: \_\_\_\_\_

When did you take this loan? \_\_\_\_\_

Reason for loan: \_\_\_\_\_

Bank Name or Lending Institution: \_\_\_\_\_

### OTHER

**Do you pay Alimony?**  Yes  No *If yes: How much annually?* \_\_\_\_\_

**Do you pay Child Support?**  Yes  No *If yes: How much annually?* \_\_\_\_\_

## FAMILY AUTOMOBILES

Year	Make & Model	Purchased New or Used	Purchase Price	Amount Financed	Monthly Payment

## ASSETS

### CHECKING ACCOUNTS

Bank	Balance
	\$
	\$

### MONEY MARKET ACCOUNTS

Bank	Balance
	\$
	\$

### SAVINGS ACCOUNTS

Bank	Balance
	\$
	\$

### STOCKS & BONDS

Description	Current Value
	\$
	\$

### BROKERAGE ACCOUNTS

Description	Current Value
	\$
	\$

### PENSIONS

Description	Current Value
	\$
	\$

### TDA

Description	Current Value
	\$
	\$

### 401K, 403B

Description	Current Value
	\$
	\$

### OTHER ASSETS

List	Current Value
	\$
	\$

## LIFE INSURANCE

Name of Insured	TYPE OF POLICY <i>(term, whole life, single premium)</i>	Insurance Company	Face Amount

### STUDENT(S) INCOME & ASSETS

Did or will the student file a Federal Income Tax Return?       Yes  No  
*(Attach copy of student's tax return and submit with this application).*

Are any of your dependent children beneficiaries of a Trust?       Yes  No  
*(Attach copy of latest financial statement and tax return for the Trust(s) with this application).*

## ANNUAL BUDGET

	CURRENT YEAR	ANTICIPATED NEXT YEAR
Rent		
Primary Residence Mortgage Payment		
Real Estate and School Taxes (if not included in mortgage payment)		
Gas, Electric and Water		
Homeowner's Insurance		
Secondary Home Mortgage Payment		
Real Estate and School Taxes (if not included in mortgage payment)		
Gas, Electric and Water		
Homeowner's Insurance		
Federal Income Tax		
State, Local Taxes		
Food		
Clothing		
Home Phones		
Cell Phones		
Internet Services		
Cable/Satellite Services		
Car Loan/Leasing		
Gas & Oil		
Car Repairs & Maintenance		
Car Insurance		
Medical Premiums		
Dental Premiums		
Unreimbursed Medical & Dental Expenses		
Insurance Premiums (Life, etc.)		
Child Care for Work		
Vacations		
Entertainment		
Educational Expenses		
Alimony Payments		
Child Support		
Synagogue Dues		
Charitable Contributions		
Other Expenses (List):		
<b>TOTALS:</b>		

## LIABILITIES

Name of Creditor	Balance Date	Balance Owed	Monthly Payment

## GENERAL

Do you employ domestic help?  Yes  No      Days Per Week: \_\_\_\_\_ Monthly Cost: \_\_\_\_\_

Do you employ a gardener?     Yes  No      How Often: \_\_\_\_\_      Monthly Cost: \_\_\_\_\_

Where do you spend summers? List name of bungalow colony, hotel, etc. and location: \_\_\_\_\_

COST: LAST SUMMER \$ \_\_\_\_\_ THIS COMING SUMMER \$ \_\_\_\_\_

## VACATIONS

*(Please complete the information below based on the last 12 months)*

	Where? Hotel/Address Length of Stay	Hotel Cost	Airfare Cost	Cost of Activities	Who Paid?	Paid With Points
<u>Sukkot</u> Yes No						
<u>Thanksgiving</u> Yes No						
<u>Winter Break</u> Yes No						
<u>Pesach</u> Yes No						
<u>Summer</u> Yes No						

## CAMP AND SUMMER PROGRAMS *(List all children in the family.)*

LAST SUMMER			THIS COMING SUMMER	
CHILD'S NAME	CAMP	Total Fees Paid (Include all camp charges)	CAMP	Total Fees Paid (Include all camp charges)





I fully understand that my submission of this application represents acknowledgement of certain obligations on my part toward HAFTR. I agree that no additional grants can be issued without payment in full of all previous balances.

The Tuition Assistance Committee endeavors to provide tuition assistance grants to families who do not have sufficient income, assets, or family assistance with which to pay the full tuition charges. Lavish spending on family affairs, vacations, cars and home renovations, even those paid for by family, suggests that resources may be available for tuition.

If there are any changes in the information contained herein (increase in income, employment of spouse or in the event of such spending, etc.), we agree to notify HAFTR. We understand that any misrepresentation, failure to supply a material fact or failure to advise of a material change in circumstances, may result in denial or forfeiture of the tuition assistance grant, retroactive to the date of its issuance. HAFTR reserves the right to revoke all or part of this grant at their discretion and the amount reapplied to the tuition obligation. I hereby authorize the Hebrew Academy of the Five Towns and Rockaway to obtain a full financial credit report from available credit services.

Amount you are able to pay toward tuition \$ \_\_\_\_\_ (MUST BE COMPLETED)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

Tuition & Fees: \$ \_\_\_\_\_ Comments: \_\_\_\_\_

Initial Grant: \$ \_\_\_\_\_

Amount Due \$ \_\_\_\_\_

Interviewer Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

*Please Print*

Tuition & Fees: \$ \_\_\_\_\_ Comments: \_\_\_\_\_

Grant Revisions: \$ \_\_\_\_\_

Amount Due \$ \_\_\_\_\_

Interviewer Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

*Please Print*

Future Recommendations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_