

SOLOMON SCHECHTER SCHOOL OF QUEENS

76-16 Parsons Boulevard
Flushing, New York 11366



Tel: (718) 591-9800
Fax: (718) 591-3946

2019/2020 TUITION ASSISTANCE APPLICATION

****PLEASE READ THE INSTRUCTIONS CAREFULLY BEFORE FILLING OUT THIS FORM.****

1. Please *clearly* print your answers.
2. All questions require detailed responses. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED. This application will be returned to you if incomplete, thereby delaying your child(ren)'s acceptance and registration.
3. Sections that do not apply to you should be marked N/A (Not Applicable).
4. All attachments (i.e., tax returns, W-2 forms, utility bills, rent/mortgage payments, cancelled checks) MUST accompany the completed application.
5. The bottom of EVERY page must be initialed by both parents.

FAMILY NAME: _____

Father's Name: _____ (first and last, if different) Mother's Name: _____ (first and last, if different)

Students for whom scholarship is requested:

(As of Sept. 2019)

<u>Name</u>	<u>Age</u>	<u>Grade</u>	<u>Base Tuition</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other Children in the family:

(As of Sept. 2019)

<u>Name</u>	<u>Age</u>	<u>Grade</u>	<u>School</u>	<u>Total Tuition</u>	<u>Scholarship</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____



FAMILY INCOME INFORMATION:

FATHER:

MOTHER:

Name: _____

Name: _____

Home Address: _____

Home Address: _____

Home Phone: _____

Home Phone: _____

Social Security #: _____

Social Security #: _____

Are you a citizen of the USA? YES NO

Are you a citizen of the USA? YES NO

Empl./Busn. Name: _____

Empl./Busn. Name: _____

Business Address: _____

Business Address: _____

Business Phone: _____

Business Phone: _____

Job Title: _____

Job Title: _____

How long have you been with this company? _____

How long have you been with this company? _____

Initial Here: _____



FAMILY INCOME INFORMATION (cont'd):

FATHER

MOTHER

Gross Salary (before any deductions)

Gross Salary (before any deductions)

This Year: \$ _____ Next Year (Est.): \$ _____

This Year: \$ _____ Next Year (Est.): \$ _____

Commissions

Commissions

This Year: \$ _____ Next Year (Est.): \$ _____

This Year: \$ _____ Next Year (Est.): \$ _____

Retirement/Pension Fund Contributions

Retirement/Pension Fund Contributions

This Year: \$ _____ Next Year (Est.): \$ _____

This Year: \$ _____ Next Year (Est.): \$ _____

If your income will be reduced in the coming year circle which of the reasons apply?

Applicant:

Co-Applicant

- Unemployed or expect to be unemployed
- Will have reduced hours
- Plan to take a job at a lower wage rate
- Exiting the workforce and plan to work in the home
- Filing for legal separation or divorce
- Plan to retire
- Medical reasons
- Death of a spouse
- Increase in family size
- Loss of alimony or spousal support
- Military reasons
- Other _____

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- Medical reasons
- Death of a spouse
- Increase in family size
- Loss of alimony or spousal support
- Military reasons
- Other _____

Do you receive Government Assistance? YES NO

If so, please indicate what type of assistance you receive:

- Disability Medicaid Worker's Compensation Food Stamps
- Welfare Social Security Other _____

Does applicant or any family member receive income not reported in this statement (i.e., alimony, child support, and financial assistance from family members, friends, rabbis or other scholarship funds)? YES NO

If so, please specify: (include amount) \$ _____

Please list all family interests in any businesses, partnerships or other enterprise: _____

Do you file a federal income tax return? Yes I file taxes. No, I do not file taxes.



REAL PROPERTY INFORMATION:

1. IF YOU OWN REAL ESTATE, please check the type of property:

- House Cooperative Apartment Condominium Commercial Space

Year Purchased: _____ Purchase Price: \$ _____ Current Market Value: \$ _____

Location of Property: _____

Mortgage Holder's Name: _____

Mortgage Holder's Address: _____

Mortgage Amount: \$ _____ Balance Owed: \$ _____ Monthly Payment: \$ _____

Does this include Real Estate Taxes? YES NO Annual Real Estate Taxes: \$ _____

2. **IF YOU RENT AN APARTMENT:**

Monthly Rental Fee: \$ _____ Does this include heat? YES NO Utilities? YES NO

3. **OTHER REAL ESTATE OWNED:** (including vacation homes, time sharing, apartment houses, commercial space, etc.):

Type of Property: _____

Year Purchased: _____ Purchase Price: \$ _____ Current Market Value: \$ _____

Location of Property: _____

Mortgage Holder's Name: _____

Address: _____

Mortgage Amount: \$ _____ Balance Owed: \$ _____ Monthly Payment: \$ _____

Does this include Real Estate Taxes? YES NO Annual Real Estate Taxes: \$ _____

FINANCIAL ACCOUNT INFORMATION:

(All information provided in this application will be verified by credit report and/or verbal confirmation.)

Initial Here: _____



ASSETS

BANK ACCOUNTS (List all accounts such as savings, checking, certificates of deposit, money market, trust funds, etc.):

<u>Type of Account</u>	<u>Bank Name</u>	<u>Location</u>	<u>Account Holder</u>	<u>Balance</u>
1. _____	_____	_____	_____	\$ _____
2. _____	_____	_____	_____	\$ _____
3. _____	_____	_____	_____	\$ _____
4. _____	_____	_____	_____	\$ _____
5. _____	_____	_____	_____	\$ _____

INVESTMENT ACCOUNTS (List all accounts such as mutual funds, stocks, bonds, retirement, pension, annuities, etc.):

<u>Type of Investment</u>	<u>Bank Name</u>	<u># of Shares</u>	<u>Account Holder</u>	<u>Present Value</u>
1. _____	_____	_____	_____	\$ _____
2. _____	_____	_____	_____	\$ _____
3. _____	_____	_____	_____	\$ _____
4. _____	_____	_____	_____	\$ _____
5. _____	_____	_____	_____	\$ _____

EXPENSES/LIABILITIES

	<u>Balance</u>
1. <u>Total credit card debt.(Do not include balances that are paid in full each month</u>	\$ _____
2. <u>Total of all minimum amounts due on monthly credit cards statements</u>	\$ _____
3. <u>Monthly student loan payments for family members no longer attending college</u>	\$ _____
4. <u>Do you have other monthly loan payments? (Do not include cell phones, utilities, or other living expenses.) If yes please list below. <input type="checkbox"/> YES <input type="checkbox"/> NO</u> Loan #1 _____ Loan#2 _____ Loan #3 _____ Loan #4 _____	\$ _____
5. <u>Monthly child support payments. (Applies only to the parent or guardian paying child support. Do not include child support received.)</u>	\$ _____
6. <u>Health insurance expenses:</u> Is your health insurance paid 100 percent through your employer? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, list the health insurance premium(s) paid per month either by payroll deduction as indicated on the pay stub or paid directly to the insurance company	\$ _____



AUTOMOBILES OWNED:

	<u>Make/Model</u> (i.e. Honda Civic)	<u>Year</u>	<u>License Plate #</u>	<u>Primary Driver</u>	<u>Driver's License #</u>
1.					
2.					
3.					

CHANGE IN FINANCIAL STATUS:

Please explain in detail, ON A SEPARATE SHEET OF PAPER, any change in your financial status during this past academic year (for example, a change in occupation, place of employment, number of dependents, illness, etc.)

FAMILY BUDGET INFORMATION:

(All information provided in this application will be verified by credit report and/or verbal confirmation.)

<u>EXPENSES</u>	<u>Monthly</u>	<u>Yearly</u>	<u>Total</u>
1. <u>Rent/Mortgage</u>	\$	\$	\$
2. <u>Real Estate Taxes & Water</u> (if not included above)	\$	\$	\$
3. <u>Home Insurance</u>	\$	\$	\$
4. <u>Life Insurance</u>	\$	\$	\$
5. <u>Auto Insurance</u>	\$	\$	\$
6. <u>Medical/Dental Insurance</u>	\$	\$	\$
7. <u>Gas/Oil Heating</u>	\$	\$	\$
8. <u>Electric</u>	\$	\$	\$
9. <u>Telephone</u>	\$	\$	\$
10. <u>Pension/Retirement Accounts Payments</u>	\$	\$	\$
11. <u>Cellular Telephone</u>	\$	\$	\$
12. <u>Car Payment</u>	\$	\$	\$
13. <u>Tuition</u> (other than SSSQ)	\$	\$	\$
14. <u>Loan Payments</u>	\$	\$	\$
15. <u>Vacation/Summer Camp</u>	\$	\$	\$
16. <u>Child Care</u> (day care, babysitting, after school, etc.)	\$	\$	\$
<u>Other Expenses</u> (Please specify)			
17. _____	\$	\$	\$
18. _____	\$	\$	\$
19. _____	\$	\$	\$
Total Expenses (add lines 1 through 20)	\$	\$	\$

Initial Here: _____

GENERAL INFORMATION:

(All information provided in this application will be verified by credit report and/or verbal confirmation.)



CAMP INFORMATION

1. What camp did your child/ren attend last year? _____ Sleep Away Day Camp

2. List the names and ages of the children attending:

Name	Age	Name of Camp	Camp Fee
1.			\$
2.			\$
3.			\$
4.			\$



VOLUNTEER COMMITMENT

1. How much, if any, Tuition Assistance did you receive last year? \$ _____

2. If offered Tuition Assistance, please check areas of service in which able to volunteer:

- Security Patrol: Lunchroom 76th Rd. Entrance Parsons Blvd. Gymnasium
 (7:30—8:00 a.m.) Bus Monitor Entrance Bus Monitor
- Security Patrol: 76th Rd. Entrance Parsons Blvd. Entrance
- Reception Desk: Answering Phones Data Entry Preparing Mailings
 Preparing Flyers Filing Copying & Collating

Other (Please specify): _____

3 Please indicate the days and hours you will be available:

- Monday Hours Available: _____
- Tuesday Hours Available: _____
- Wednesday Hours Available: _____
- Thursday Hours Available: _____
- Friday Hours Available: _____
- Saturday Hours Available: _____
- Sunday Hours Available: _____

Initial Here: _____

ASSISTANCE REQUESTED

How much Tuition you can afford to pay each month for 10 months? \$ _____ per month

VOLUNTEER STATEMENT

It is understood and agreed that the undersigned shall provide personal services to the School in exchange for any financial assistance that may be provided to the student. Also it is understood that should the required hours of personal service not be provided, the undersigned shall reimburse the School for the unperformed hours of personal service at a rate of \$15.00 per hour. This provision is a material aspect of this agreement. Your hours must be tracked in the Volunteer Sign--in Book in the 1st floor Administration Office.

Father's Initials: _____ Mother's Initials: _____

CREDIT RELEASE

I/We hereby authorize the Solomon Schechter School of Queens ("the School") to obtain my/our credit report(s) in connection with my/our application for tuition assistance. I/We am/are aware that such report will be shared with members of the School's Financial Assistance Committee, their appointed agents and/or others connected with this application.

Father's Initials: _____ Mother's Initials: _____

PARENT/GUARDIAN CERTIFICATION

I/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 certain information is not true and correct, I/we understand that the school may revoke the financial aid and that I/we will be responsible for the full amount of my/our child(ren)'s tuition.

We also agree to supply the School with salary stubs, rent receipts and any other documentary proof required by the School.

The undersigned hereby specifically agrees that verification or re-verification of any information contained in this application may be made at any time by the School, its agents, successors or assigns, either directly or through a credit reporting agency, from any source named in this application.

Father's Initials: _____ Mother's Initials: _____

Father's Signature: _____ Mother's Signature: _____

Date: _____ Date: _____

STATEMENT OF CONFIDENTIALITY

This application contains confidential information and is intended for use only by the Financial Aid Committee. We will maintain the confidentiality of your personal information and it will only be used in support of your application. The information contained within will not be copied, disclosed or distributed to any outside parties.

For Office Use Only (Do not write below this line)		
2018/2019 Tuition Assistance Award:	\$ _____	# of Reviews Received: _____
2019/2020 Tuition Assistance Award:	\$ _____	Application Denied? <input type="checkbox"/> YES <input type="checkbox"/> NO
Interview Required? <input type="checkbox"/> YES <input type="checkbox"/> NO	Interview Date/Time: _____	
Comments: _____		
Final Determination: _____		