



Administration Office
Ari Solomon, Executive Director

2020/2021 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: March 1, 2020 with FACTS Grant & Aid Assessment.
Deadline: Application must be received on or before April 21, 2020.

STEP 1:

FACTS Grant & Aid Assessment is conducting parent financial need analysis for the 2020/2021 school year.
FACTS website: <https://online.factsmtg.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 2019 Federal Income Tax, including all supporting tax schedules. If not done, 2018 Federal Income Tax Return.
- Copies of your 2019 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

STEP 2:

All parents applying for Tuition Assistance must also complete the HAFTR Application.
Online HAFTR Application -- www.haftr.org
Mail or email your application and all data: 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 2019 Federal Tax Return, including all schedules and your Business Return, if applicable.
 - Copy of your 2018 tax return including all supporting tax schedules, if you filed for an extension for 2019.
 - Include a copy of the 2019 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.



Hebrew Academy of Five Towns and Rockaway

389 Central Avenue • Lawrence, NY 11559

APPLICATION FOR TUITION ASSISTANCE (GRADES K-12)
FOR SCHOOL YEAR SEPTEMBER 2020 - JUNE 2021

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 |
|--------------|-----|-------|
| | | |
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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> |
|--------------|-----|-------|--------|---------|---------------------------------------|
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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 |
|------|--------------|--------------------------|----------------|--------------------|--------------------|
| | | | | | |
| | | | | | |
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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 |
|-----------------|--|-------------------|-------------|
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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): | | |
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| TOTALS: | | |

LIABILITIES

| Name of Creditor | Balance Date | Balance Owed | Monthly Payment |
|------------------|--------------|--------------|-----------------|
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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 |
|---|--|------------|--------------|--------------------|-----------|------------------|
| Sukkot <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |
| Thanksgiving <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |
| Winter Break <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |
| Pesach <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |
| Summer <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |

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

| LAST SUMMER | | | THIS COMING SUMMER | |
|--------------|------|--|--------------------|--|
| CHILD'S NAME | CAMP | Total Fees Paid <small>(Include all camp charges)</small> | CAMP | Total Fees Paid <small>(Include all camp charges)</small> |
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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: _____
