



Application for Tuition Assistance

Date _____
MM/DD/YY

This information to be given in this application is for the purpose of requesting a scholarship from the Shalom Torah Academy. The undersigned affirms that all statements made herein are true, accurate and complete. The undersigned agrees to promptly notify Shalom Torah Academy of any changes that would affect the given information.

ALL INFORMATION SUBMITTED WILL BE MAINTAINED IN STRICT CONFIDENCE.

Application for: Partial Scholarship – Please fill out entire form and submit all information requested.

Tuition payment plan – 12 monthly payments.

A. Names of children enrolling at Shalom Torah Academy

1. _____
Last Name *First Name*
2. _____
Last Name *First Name*
3. _____
Last Name *First Name*
4. _____
Last Name *First Name*

B. Family Status

1. Check any that apply:
 Parents married Parents divorced
 Mother deceased Parents separated
 Father deceased
 Legal guardian (other than parent)

2. Applicant residing with:
- | | |
|---|---|
| <input type="checkbox"/> Both natural parents | <input type="checkbox"/> Mother |
| <input type="checkbox"/> Father | <input type="checkbox"/> Legal guardian |

3. Number of children in family ____

Ages: _____, _____, _____, _____

4. Schools other children in family will attend this year:

5. Which summer camps have your children attended this summer?

C. INCOME STATUS

1. Father's Occupation: _____

Employer's Name () *Phone Number*

Employer's Address

If more than one occupation or employer, please indicate:

2. Parents or legal guardian(s) receive:

- Alimony
- Child support
- Unemployment benefits
- Social Security benefits _____
specify type(s)

Public Assistance _____
specify type(s)

3. Annual Income: Total combined gross income of parents or legal guardians (before deductions), including all taxable and non-taxable incomes: _____

4. Home: ___ own ___ rent
Rental or mortgage payments: \$ _____ per month

Documentation of this payment must be submitted with application.

5. Car(s): ___ year ___ make ___ model
___ own ___ lease

Monthly car payments: \$ _____

___ year ___ make ___ model
___ own ___ lease

Monthly car payments: \$ _____

Documentation of these payments must be submitted with application.

D. If you wish to explain any of the above information, please use the space below:

E. Do you have any extraordinary financial obligations and/or burdens? Please explain:

The Shalom Torah Academy Scholarship Review Board will do its best to accommodate parents who have unusual financial hardships.

This consideration must be balanced, however, by the responsibility of the Board to arrange to subsidize the balance of the tuition in order to meet its responsibilities to the faculty and staff of the institute.

Please indicate areas that you can offer assistance to the school in an effort to offset tuition expenses:

- | | |
|---|--|
| <input type="checkbox"/> Daytime office assistance | <input type="checkbox"/> After school assistance |
| <input type="checkbox"/> Daytime classroom assistance | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Daytime kitchen assistance | <input type="checkbox"/> Driving |
| <input type="checkbox"/> Before school assistance | <input type="checkbox"/> Other _____ |

THIS APPLICATION MUST BE ACCOMPANIED BY YOUR MOST RECENT 1040 FORM. ALSO, A COPY OF THE LAST 6 PAYROLL STUBS AND/OR A LETTER FROM YOUR EMPLOYER VERIFYING CURRENT WAGES. THIS DOES NOT APPLY TO PARENTS APPLYING FOR THE 12 MONTH PAYMENT PLAN.

PLEASE NOTE: Applications received without proper documentation will not be accepted.

It is understood by the undersigned that the Scholarship Review Board may require the furnishing of additional information or verification of information for statements made in the application.

Permission is granted by the undersigned for the release of information regarding our family income to Shalom Torah Academy.

Signed: _____
Father or male guardian

Signed: _____
Mother or female guardian

Home Address: _____

Phone: _(____)_____

Kindly return the completed form to:

Shalom Torah Academy
70 Amboy Road
Morganville, NJ 07751
Attn.: Scholarship Review Board

FOR OFFICE USE ONLY

Date received: _____

Percent of Scholarship (tuition only) _____

Approved by: _____