

PROZDOR

THE HIGH SCHOOL OF HEBREW COLLEGE

Application for Financial Aid 2010–2011

To be completed by parent/guardian.

All applications must include a complete signed copy of your 2009 federal income tax return. Partial applications will not be accepted.

Applications are due by **July 1, 2010**.

The information supplied by you will be kept confidential. It will not be made available to persons not directly involved with the granting of financial aid.

Student Information

1. Name _____ Grade as of 9/10 _____
Last First MI

2. Name _____ Grade as of 9/10 _____
Last First MI

3. Name _____ Grade as of 9/10 _____
Last First MI

Address _____
Street City State ZIP

Parent Information

Parent 1

Name _____
Last First (Title)

Address (if different) _____

Email _____

Phone (h) _____

(w) _____

(c) _____

Occupation _____

Employer _____

Part-time Full-time Part-time Full-time

Single Married Separated Divorced Widowed

Applicants live with (check all that apply): Both Parent 1 Parent 2 Stepparent

Names of dependent children and ages _____

How many of these children will be attending full-time child care, tuition-charging pre-schools, schools or colleges in 2010–2011? Please list full tuition price and the amount of that tuition you are paying.

Child _____
Name School Full tuition Amount you are paying

Child _____
Name School Full tuition Amount you are paying

Child _____
Name School Full tuition Amount you are paying

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Financial Information

| | 2009 | Estimated 2010 |
|--|----------|----------------|
| Salaries and wages for parent 1 | \$ _____ | \$ _____ |
| Salaries and wages for parent 2 | \$ _____ | \$ _____ |
| Taxable dividends and/or interest income from 1109 statement | \$ _____ | \$ _____ |
| Alimony received or estimated (does not include child support) | \$ _____ | \$ _____ |
| Other taxable income | \$ _____ | \$ _____ |
| Child support received for all children | \$ _____ | \$ _____ |
| Social Security benefits for entire family | \$ _____ | \$ _____ |
| Total federal tax paid (2009 IRS 1040 or 1040A) | \$ _____ | |
| Self-employment tax paid | \$ _____ | |
| Total medical/dental expenses not reimbursed by insurance | \$ _____ | \$ _____ |
| Total paid for medical/dental insurance plans | \$ _____ | \$ _____ |
| Miscellaneous expenses | \$ _____ | \$ _____ |

Family Assets and Debts

Monthly Mortgage Rent \$ _____

Total employment-related child care expenses in 2009 \$ _____

Your costs of camps and lessons in 2009 (minus any scholarships) \$ _____

Synagogue dues (include religious school tuition) \$ _____

Will student receive any scholarships for Prozdor from any other sources? If so, how much? \$ _____

List all family cars:

| | | | |
|-------------------------------|------------------------------|--------------------------------|---|
| _____ | <input type="checkbox"/> Own | <input type="checkbox"/> Lease | <input type="checkbox"/> Provided by business |
| Make _____ Year | | | |
| _____ | <input type="checkbox"/> Own | <input type="checkbox"/> Lease | <input type="checkbox"/> Provided by business |
| Make _____ Year | | | |
| _____ | <input type="checkbox"/> Own | <input type="checkbox"/> Lease | <input type="checkbox"/> Provided by business |
| Make _____ Year | | | |

How much can you afford for Prozdor for the 2010–2011 academic year for each student applicant?

Financial aid form not complete unless this line is filled in.

Student 1 \$ _____ Student 2 \$ _____ Student 3 \$ _____

Use this space to explain any unusual circumstances or expenses. You may attach a letter of further explanation if you desire.

All financially responsible parties must sign here. We declare that the information reported on this form, to the best of our knowledge and belief, is true, correct and complete. We recognize that intentionally providing false or inaccurate data may impact our ability to receive financial aid.

Parent/Guardian signature Date Parent/Guardian signature Date