



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:

___ Both natural parents

___ Mother

___ Father

___ 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 father has more than one occupation or employer, please indicate:

Mother's Occupation: _____

Employer's Name () *Phone Number*

Employer's Address

If mother has 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)

___ Social Security benefits _____
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:

___ Daytime office assistance	___ Before school assistance	___ Driving
___ Daytime classroom assistance	___ After school assistance	___ Other _____
___ Daytime kitchen assistance	___ Fundraising	

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: _____