

B”H

## The Hebrew Academy - Huntington Beach, CA

Dear Parents,

Please complete the attached financial aid form in its entirety and return it together with complete copies of your tax returns for the past two years and your latest payroll stubs by **April 30, 2019**. If your 2018 tax forms are not available, a W-2 form from 2017 can be submitted. Please mark the envelope attention financial aid committee. It is the parent's responsibility to make sure the application is complete. If you have any questions, please contact the Hebrew Academy Business Manager.

The Hebrew Academy has a long tradition of offering financial aid to eligible families. We balance this tradition with the need to operate a financially sound institution. Thus, the Board has established a process to apply for financial aid. **Funding for financial aid is limited and will be distributed on a first come first serve basis. It is incumbent on the parents to complete and return the application and necessary documents as soon as possible.**

We wish to stress our firm conviction that the key to providing the highest quality education for our children lies **not** with large charitable contributions (although they are very important), but rather, with the commitment of all parents to make sacrifices to assure that the Hebrew Academy has the funds to procure the the best staff, the best texts, and the best equipment to educate our children.

Thus, we wish to emphasize that we expect parents receiving assistance to attach the highest priority to pay as close to full tuition as possible.

Please understand, we are attempting to balance the needs of the entire school for financial responsibility with your child's needs for a Jewish education at a reasonable cost. We do not wish to offend anyone, rather just balance the interests of all concerned. The decisions in all cases are very difficult.

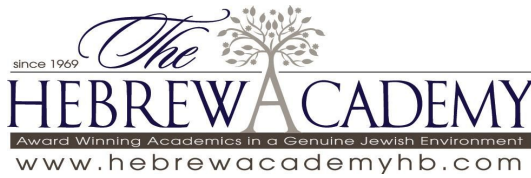
The committee will keep all information confidential.

Our goal is to respond to applications approximately two weeks after receipt. In order to help you understand our process, we are attaching our current guidelines as established by the Board of Trustees. The Board, of course, reserves the right to amend the guidelines.

Your cooperation in the financial aid process is greatly appreciated.

All the best,

**The Financial Aid Committee**



# The Hebrew Academy – Huntington Beach, CA

## APPLICATION FOR FINANCIAL AID

**Forms must be filled out completely.**

Submit your most recent signed, Federal Income Tax forms for the last two years, including all schedules with the application. Application will not be accepted without tax forms.

Family Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
                                   Home                                    Father-Day                                    Mother-Day

Children (All your children, including those in other schools):

Name	Age	2019-2020 Grade Entering	2018-2019 School Attended	2018-2019 Tuition Paid (Include Registration Fee)	2018 Camp Name & Fee	2018 Other Child Care

### **FINANCIAL INFORMATION**

**Father**

**Mother**

1. Occupation:                                    \_\_\_\_\_                                    \_\_\_\_\_

2. Employer:                                    \_\_\_\_\_                                    \_\_\_\_\_

3. Gross Annual Salary: \$ \_\_\_\_\_ \$ \_\_\_\_\_

# APPLICATION FOR FINANCIAL AID

## Page 2

4. Interest Income: \_\_\_\_\_  
(Whether from your money or someone else's. If from someone else's, give details at end of form.)

5. Dividend Income: \_\_\_\_\_  
(Whether from your money or someone else's. If from someone else's, give details at end of form.)

6. Bank and Savings Accounts: List name of bank and average balance for the past six (6) months:

Name of Institution: \_\_\_\_\_ Account #: \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Name of Institution: \_\_\_\_\_ Account #: \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Name of Institution: \_\_\_\_\_ Account #: \_\_\_\_\_ Balance: \$ \_\_\_\_\_

7. Unemployment Compensation: \$ \_\_\_\_\_

8. Other Government Assistance: \$ \_\_\_\_\_

9. Business Income: \$ \_\_\_\_\_

(If you are self-employed, you **must** submit your application with your most recent Schedule C. If your business is a corporation, you **must** also submit your most recent Corporate Income Tax Return, with all schedules.)

10. Other Income: \$ \_\_\_\_\_

Explanation: \_\_\_\_\_

Total Income: \$ \_\_\_\_\_

**APPLICATION FOR FINANCIAL AID**

**Page 3**

11. Home: Rent: \$\_\_\_\_\_ /Month

12. Mortgage: 1<sup>st</sup> \$\_\_\_\_\_ Mortgage Holder (Payee)

2<sup>nd</sup> \$\_\_\_\_\_ Mortgage Holder (Payee)

3<sup>rd</sup> \$\_\_\_\_\_ Mortgage Holder (Payee)

13. Unusual Medical Expenses: \_\_\_\_\_  
(Please give details)

14. Automobiles  
\_\_\_\_\_ Year, Make, Model Year, Make, Model  
Monthly Payments \$\_\_\_\_\_ Monthly Payments \$\_\_\_\_\_

15. Household Help \$\_\_\_\_\_ /month Full or Part Time \_\_\_\_\_

16. Other Unusual Purchases/Expenses \_\_\_\_\_  
Please give details: \_\_\_\_\_

**Amount of tuition per child you can afford \$\_\_\_\_\_**

**Do you plan to use school transportation? Y N (circle one)**  
**If yes, (circle one) Round Trip, One Way**

**Other (specify) \_\_\_\_\_**

As part of this application and at the discretion of the financial aid committee, a credit check (TRW) may be needed. I hereby grant permission to the Hebrew Academy to run a credit check.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Current Address

\_\_\_\_\_  
Social Security Number