

APPLICATION FOR FINANCIAL ASSISTANCE  
2011-2012 / 5771-5772 SCHOOL YEAR

LUBAVITCH EDUCATIONAL CENTER

*and the*

CENTER FOR THE ADVANCEMENT OF JEWISH EDUCATION

# APPLICATION FOR FINANCIAL ASSISTANCE

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For School Use Only: Application File Number # \_\_\_\_\_

## DOCUMENTS REQUIRED:

This application will be processed by the school's Financial Assistance Committee. An anonymous copy (beginning with page 2) will be forwarded to CAJE for its review and approval. This application will not be considered unless *all* questions are answered. If any information is found to be false or misleading, this application will be rejected. In addition to this application, the following items *must* be furnished (as applicable):

- Individual Income Tax Return (IRS Form 1040) for each of the past two (2) years, including all schedules, W-2's (received from employers), 1099's (received from banks & brokerages, etc) and K-1's (received from small business corporations, trusts and investment partnerships);
- Signed IRS Form 4506 (attached) with social security numbers furnished;
- Corporate Income Tax Returns (IRS Forms 1120 or 1120-s) for each of the past two (2), years' end of year bank and brokerage statement for all accounts for the past two (2) years;
- End of year bank & brokerage statements for all accounts for the past two (2) years;
- Any financial statements recently submitted to mortgage companies or banks.

## FAMILY INFORMATION:

Parent(s) First and Last Names \_\_\_\_\_

Address \_\_\_\_\_

Tel # Work \_\_\_\_\_ Home \_\_\_\_\_ Mobile \_\_\_\_\_ Beeper \_\_\_\_\_

Social Security # (Father) \_\_\_\_\_ (Mother) \_\_\_\_\_

Occupation(s) (Father) \_\_\_\_\_ (Mother) \_\_\_\_\_

Names of Employers (Father) \_\_\_\_\_ (Mother) \_\_\_\_\_

Do you have a financial interest in the company? (Father) Yes \_\_\_ No \_\_\_ (Mother) Yes \_\_\_ No \_\_\_

## CERTIFICATION and AUTHORIZATION for FINANCIAL DISCLOSURE:

I (we) certify that all of the financial information submitted on this application form is accurate and that I (we) will inform the school of any change in status which may occur during the school year.

I (we) hereby authorize **Lubavitch Educational Center** to make such credit inquiries as it deems necessary. I (we) hereby direct any and all employers, banks, credit card companies, and credit reporting agencies to release any and all financial information, records, reports and documentation to **Lubavitch Educational Center** without limitation, until this authorization is revoked in writing by the undersigned.

\_\_\_\_\_  
Father

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother

\_\_\_\_\_  
Date

**CURRENT TUITION INFORMATION:**

STUDENTS ENROLLED IN OUR SCHOOL (NO NAMES)	TUITION	FEEES
GRADE LEVEL		
GRADE LEVEL		
GRADE LEVEL		
TOTAL AMOUNT OF FULL TUITION		
TOTAL AMOUNT THAT YOU FEEL YOU ARE ABLE TO PAY:		

OTHER CHILDREN, NOT ATTENDING OUR SCHOOL (NO NAMES)			
	AGE	NAME OF SCHOOL	TUITION + FEES: TOTAL AMOUNT
CHILD # 1			
CHILD # 2			
CHILD # 3			
TOTAL AMOUNTS FOR OTHER EDUCATION:			

**ANCILLARY INCOME and EXPENSES:**

Are you a single parent?..... Yes  No

If yes, how much alimony or child support are you receiving per year?.....\$ \_\_\_\_\_

Are you supported by anyone? ..... Yes  No

If yes, how much outside support are you receiving per year?.....\$ \_\_\_\_\_

Are you providing support to a parent or to a former spouse? ..... Yes  No

If yes, how much support are you paying each year?.....\$ \_\_\_\_\_

Will your child(ren) attend summer camp?..... Yes  No

How much are you paying each year?.....\$ \_\_\_\_\_

Do you hold season tickets to theater or sporting events? ..... Yes  No

If yes, how much do you pay each year?.....\$ \_\_\_\_\_

Do you have a maid, housekeeper, or live-in help..... Yes  No

How long and for what purpose did you last leave South Florida? \_\_\_\_\_

Please disclose any special medical expenses or liabilities: \_\_\_\_\_

Please disclose any other unusual financial circumstances: \_\_\_\_\_

**(Attach separate schedules if you require additional room to respond to any of the above questions.)**

CATEGORY	AMOUNT
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ASSETS
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Cash on Hand .....	\$ _____
Cash in Banks & Brokerage Accounts (provide bank name and account #).....	\$ _____
Stock / Bonds / Mutual Funds / Notes (provide name and account #).....	\$ _____
Pension & I.R.A. Accounts (provide bank name and account #) .....	\$ _____
Real Estate:	
Personal Residence.....	\$ _____
Vacation Residence .....	\$ _____
Other Properties .....	\$ _____
Automobile # 1:	
Make / Model..... Year .....	\$ _____
Automobile # 2:	
Make / Model..... Year .....	\$ _____
Automobile # 3:	
Make / Model..... Year .....	\$ _____
Personal Property:	
Home Contents.....	\$ _____
Jewelry .....	\$ _____
Cash value of life insurance policies.....	\$ _____
Other Assets .....	\$ _____
<b>TOTAL ASSETS:</b> .....	<b>\$ _____</b>

LIABILITIES
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**In addition to total liability, please provide: Name of Lender, Account #, Balance & Minimum Payment**

Mortgage Loans .....	\$ _____
Home Equity Loans .....	\$ _____
Auto Loans .....	\$ _____
Installment Loans.....	\$ _____
Credit Card Balances ....	\$ _____
Unpaid Judgments or Liens (provide information) .....	\$ _____
<b>TOTAL LIABILITIES:</b> .....	<b>\$ _____</b>

<b>NET WORTH (Assets Less Liabilities):</b> .....	<b>\$ _____</b>
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(Attach separate schedules if you require additional room to respond to any of the above questions.)

**ANNUAL FAMILY INCOME**

WAGES/SALARY - FATHER
WAGES/SALARY-MOTHER
SELF EMPLOYMENT INCOME:
INTEREST AND DIVIDEND INCOME:
DISABILITY BENEFITS:
PENSION BENEFITS:
NET RENTAL INCOME:
ALIMONY RECEIVED
CHILD SUPPORT RECEIVED
INCOME FROM INSURANCE BENEFITS
OTHER MISC. INCOME:
<b>TOTAL INCOME:</b>

**MONTHLY FAMILY EXPENSES**

RENT PAYMENT
MORTGAGE PAYMENTS (PRINCIPAL, INTEREST, TAXES AND INSURANCE)
REAL ESTATE TAXES (IF PAID SEPARATELY AND NOT INCLUDED IN MORTGAGE PAYMENT)
ALIMONY PAID OUT
CHILD SUPPORT PAID OUT
AUTO PAYMENT - LOAN OR LEASE PAYMENT
CREDIT CARD or INSTALLMENT LOAN PAYMENTS
AUTO EXPENSES (GAS, INSURANCE & REPAIRS)
UTILITIES
TELEPHONE
HOME REPAIRS & MAINTENANCE
FOOD & SUPPLIES
INSURANCE - HEALTH
INSURANCE - AUTO
INSURANCE - LIFE & DISABILITY
CLOTHING
MAID, HOUSEKEEPER OR NANNY
MEDICAL & DENTAL
SYNAGOGUE DUES
J.C.C./HEALTH CLUB MEMBERSHIPS
DONATIONS
POOL CARE
<b>MONTHLY EXPENSES (SUB-TOTAL):</b>

**MONTHLY FAMILY EXPENSES (continued)**

<b>MONTHLY EXPENSES (SUB-TOTAL FROM PREVIOUS PAGE):</b>
ENTERTAINMENT & VACATIONS
GROOMING , MANICURE & COSMETICS
CABLE TELEVISION
PET EXPENSES
OTHER (detail)
OTHER (detail)
OTHER (detail)
OTHER (detail)
<b>TOTAL MONTHLY EXPENSES:</b>

**For Committee Use Only:**

**Note: The Committee must fill out this box before submitting to CAJE**

**Tuition set at \$ \_\_\_\_\_ annually**

*Greater Allowance Granted because:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Committee Members Making Decision:

1. \_\_\_\_\_ 2. \_\_\_\_\_

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date