



OVERVIEW TO THE TUITION ASSISTANCE APPLICATION PROCESS

Dear Parents,

We try our best to juggle the ever-rising expenses involved with providing the level of education that the Yeshiva strives for and the earnest needs of parents who feel the tuition costs are too much for their financial situations. We are confident that you understand the Yeshiva's challenge in terms of trying to help parents as much as possible while working within the Yeshiva's own financial constraints.

In order to do justice to any scholarship granted, we ask any parents requesting tuition assistance to complete the attached Tuition Assistance Application Form in its entirety and to provide all the requested supporting documentation from the checklist below. This allows for an amount to be determined based on the actual financial situation. Applications received after May 31st are subject to availability. If there are factors that you feel are important, but not addressed in the actual application, please utilize the "explanation" section or attach any additional information.

Please rest assured that we understand the sensitivity of this information and it is kept strictly confidential. We do not share the information in any manner other than with the necessary tuition committee members and essential office personnel. If you have any questions, please do not hesitate to contact the Business Office at 845-362-8362, x 108 or by emailing businessoffice@ohrreuve.com.

Sincerely,
The Tuition Committee

IMPORTANT NOTES:

- Tuition Assistance Applications received after May 31st, will incur an additional processing fee:
 - After May 31st, applications must be accompanied with a **\$75.00** late processing fee.
 - After July 1st, applications must be accompanied with a **\$150.00** late processing fee.
- You can still qualify for the registration discount if the other required registration forms, the registration fee and your completed Tuition Assistance Application along with all requested supporting documentation are submitted by May 31st.
- Unfortunately, no tuition assistance is available for Kindergarten tuition.
- Requests can only be considered with a completed application and all required supporting documentation (see checklist below). Please provide an explanation for any missing information or forms. The committee meets at specific times; it may take some time between when an application is submitted and when a determination is available. The Business Office will be in touch with you as soon as a determination is reached.

TUITION ASSISTANCE CHECKLIST:

- Tuition Assistance Application Form (completed in its entirety)**
- Federal Tax Form 1040, W2s & 1099s for 2017 & 2018 for both husband and wife (if filing separately) including all schedules and attachments**
- If you are the owner of a business, a copy of the last two years of Federal Tax filings in addition to the above**
- A copy of your current pay stub (and spouse's if applicable)**
- Copies of ALL credit card bills for the last 6 months**
- Copies of ALL current bank statements for the last 6 months**
- JUST ENERGY Enrollment (see details on the application form)**

Please submit the Tuition Assistance Application along with your other registration forms and registration fee to the Business Office. **EMAIL:** businessoffice@ohrreuve.com; **FAX:** 845-352-9593 – Attn: Business Office; **MAIL:** Yeshivas Ohr Reuven, Attn: Business Office, 259 Grandview Ave., Suffern, NY 10901.



TUITION ASSISTANCE APPLICATION FORM

**PLEASE ANSWER ALL QUESTIONS. DO NOT LEAVE ANY BLANKS.
FILL IN "0", "NONE", "N/A" (NOT APPLICABLE) WHERE APPROPRIATE.**

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

Marital Status: (please check one)

_____ Married _____ Single parent supporting children alone _____ Single parents sharing expenses
(both parents are required to submit documentation)

Family Name: _____ Father: _____ Mother: _____

Address: _____ City/State/Zip _____

Home telephone # _____ Business # _____

Father cell phone # _____ Mother cell phone # _____

E-Mail address _____ Fax # _____

If responsible party address is different from above, please complete

Address: _____ City/State/Zip _____

Home telephone # _____ Business # _____

Cell phone # _____ E-Mail / Fax # _____

Are both mother and father totally responsible for financial support of children? Yes _____ No _____ if no, please explain exact arrangement _____

Total # of children in household: _____

Total # of children to be registered in Yeshivas Ohr Reuven _____

SCHOOLING

Children to be enrolled in Yeshivas Ohr Reuven. Please indicate grades for the 2019 - 2020 school year

Child's name	Grade	Child's name	Grade
1.		3.	
2.		4.	
5.		6.	

Children enrolled in **other schools** or childcare programs: (If more space is required, use reverse or an additional paper)

Child's name	Grade for 2019-2020	School or Program 2018-2019	School or Program 2019-2020	Your tuition obligation for 2018-2019 was:	Your tuition obligation for 2019-2020 (if known)
1.				\$	\$
2.				\$	\$
3.				\$	\$
4.				\$	\$
5.				\$	\$

Camps / Summer Programs

Child's name	Overnight Camp/Day Camp	Total Paid for 2018 (Include <u>all</u> camp charges)	Total Fees to be Paid for 2019 (if known)
1.		\$	\$
2.		\$	\$
3.		\$	\$
4.		\$	\$
5.		\$	\$

INCOME

List all income on an annual basis

Income	Father (Actual 2018)	Mother (Actual 2018)	Father (Est. 2019)	Mother (Est. 2019)
GROSS earnings (include all tax-exempt amounts)	\$	\$	\$	\$
Variable Compensation, e.g., bonus, incentive, commission	\$	\$	\$	\$
Interest and Dividends : (please include combined dividends, interest and taxable pensions)	\$	\$	\$	\$
Annual contributions to IRA's, Keoghs, 401-K's & other tax sheltered annuities	\$	\$	\$	\$
Aid to Dependent Children (ADC) or any General/Public Assistance (i.e. HUD, WIC, SSI, food stamps)	\$	\$	\$	\$
Do you receive Medicaid?	() Yes () No	() Yes () No	() Yes () No	() Yes () No
Net Rental Income	\$	\$	\$	\$
Gifts or other private income (e.g.; Grandparents, Foundations, Charities)	\$	\$	\$	\$
Other Income (Specify)	\$	\$	\$	\$
Total Gross Income	\$	\$	\$	\$
Combined Gross Income	2018 \$		2019 \$	

NON RECURRING INCOME

List any non-recurring income (e.g. inheritance, gift, insurance settlement etc.) greater than \$5000 received by any family member or other special income not reflected above, for the past 5 years.

NON SALARY BENEFITS

Parsonage, Subsidized Housing, Tuition Reduction Specify _____
Actual Value \$ _____

Is a portion of your tuition payments available from another source, e.g. grandparents, employer match, etc.? Yes/No If so, please provide details _____

EXPENSES

Housing: Monthly mortgage \$ _____ or monthly rent \$ _____ Does mortgage payment include real estate taxes? Yes _____ No* _____ *If no, how much is your total annual real estate taxes: \$ _____	
Medical/dental expenses paid (Include only expenses not covered by insurance. You may include cost of medical insurance premiums you paid)	\$
Medical insurance paid by you and not your employer	
Other (Specify)	\$
Other (Specify)	\$
Other (Specify)	\$
Where does your family spend summer? (Please include Name and Location) How much did you spend?	\$

ASSETS

Year Purchased (Home)		Purchase price	\$
Amount you owe on your home – 1 st mortgage	\$	2 nd mortgage	\$
Net Value \$			
Has this home had any remodeling work done since original its purchase? If yes, year		Cost	\$
Net value of real estate other than your home – both personal and business	\$		
Debt that you own partially or entirely	\$		
Market value of stocks, bonds and investments			\$
Cash in the bank- checking, money market, savings, CDs etc.	\$		
Other IRA, Roth Etc (Please Specify)			\$

	(Please list all cars you or any family members own/lease)				Total Annual Payments (Loan/Lease, Insurance etc.)	
	Year	Make	Model	Own/Lease		
Car #1					\$	
Car #2					\$	
Car #3						
Car insurance cost annually					\$	

FAMILY EMPLOYMENT

Husband:

Occupation: _____ Are you Self-Employed? () Yes () No

Name of Company: _____ If self-employed - # of Employees _____

Address: _____ City/State/Zip _____

Job Title: _____ Job Description: _____

Type of Business / Services provided? _____

() Full Time () Part Time _____ hours per week

Wife:

Occupation: _____ Are you Self-Employed? () Yes () No

Name of Company: _____ If self-employed - # of Employees _____

Address: _____ City/State/Zip _____

Job Title: _____ Job Description: _____

Type of Business/Services provided? _____

() Full Time () Part Time _____ hours per week

If you have any additional jobs, please list below:

Name	Employer	Position	Hours per week	Salary
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please indicate if your occupation includes any goods and services that can benefit the yeshiva as part of your scholarship (For example- computer help, electrical, telephones, school supplies, advertising, etc).

EXPLANATIONS

Report any special circumstances or additional information you would like considered. If a parent is presently unemployed and / or expects an income decrease in 2019, give specific details. Please answer this question as fully as possible. Use additional sheets if necessary.

ENERGY SUPPLIER:

All tuition assistance applicants must be enrolled with Just Energy, which is Yeshiva's preferred Electric & Gas Provider. Exceptions will be made if your utilities are included in the rent or you work for another energy provider.

___ I am not enrolling in **Just Energy** because: ___ part of my rent ___ I work for a different energy supply company

___ **Just Energy** (Affinity/Hudson) is already my energy supplier. My Just Energy account # is _____

___ I enrolled in **Just Energy** (<http://www.justenergydeals.com/YDN>; customer service/Miriam Stiefel, (845)228-3401; Miriam.stiefel@miriam.stiefel@hudsonenergy.net)

Amount of total obligation for my children enrolled at Yeshivas Ohr Reuven (see tuition contract):	\$
Amount of tuition assistance that you are requesting the Yeshiva to subsidize:	\$
Total obligation that you are requesting to pay for all of the students that you have enrolled in Yeshivas Ohr Reuven:	\$

AREAS WHERE I CAN VOLUNTEER MY SERVICES:

It is understood that all applicants for tuition assistance must volunteer at least 30 hours per school year on any of the below listed activities. Check all that are applicable. Must be completed

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Writing/Editing | <input type="checkbox"/> Substitute classroom assistance | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Graphics | <input type="checkbox"/> Office assistance | |
| <input type="checkbox"/> Supervision during after- school activities | <input type="checkbox"/> Gym | |

Rabbinical Reference Contact Information

Name: _____ Address: _____ Telephone Number: _____

Name of Shul or other organization: _____

AGREEMENT

AS A TORAH JEW, I HEREWITH AFFIRM THAT THE INFORMATION CONTAINED HEREIN AND THE DOCUMENTS, WHICH I HAVE SUBMITTED HEREWITH, ARE TRUE AND CORRECT. I FULLY UNDERSTAND THAT ACCEPTANCE OF TUITION ASSISTANCE MONEY REQUIRES ME TO PARTICIPATE IN THE YESHIVA'S FUNDRAISING PROJECTS COMMENSURATE WITH THE AMOUNT OF SCHOLARSHIP. I AM AWARE THAT SHOULD THE COMMITTEE FIND ANY INCONSISTENCIES IN MY DECLARATIONS CONCERNING MY FINANCES THAT I WILL FORFEIT ALL RIGHTS TO FINANCIAL ASSISTANCE. IT IS UNDERSTOOD THAT SHOULD MY FINANCIAL CIRCUMSTANCES CHANGE APPRECIABLY AT ANY TIME IN THE FUTURE, I WILL BE EXPECTED TO REIMBURSE TO THE YESHIVA THE FULL AMOUNT OF THE TUITION ASSISTANCE GRANTED. I ALSO UNDERSTAND THAT THE YESHIVA RESERVES THE RIGHT TO REEVALUATE THE TUITION ASSISTANCE GRANTED DURING THE 2018/2019 SCHOOL YEAR, AND A CHANGE IN MY FINANCIAL STATUS REQUIRES MY NOTIFYING THE YESHIVA.

Signature _____ **Spouse's Signature** _____ **Date** _____