



Bet Shraga Hebrew Academy of the Capital District
FINANCIAL ASSISTANCE APPLICATION -- PERSONAL AND CONFIDENTIAL

Checklist

The process of applying for and receiving financial assistance is kept strictly confidential. It is the intent of the school to make financial assistance available as broadly and fairly as possible. When completing this form, it is helpful for you to add any information which may help clarify your special circumstances. Such explanations can be made on additional sheets of paper included with the completed application.

It is the applicant's responsibility to make sure his/her application is **complete and delivered on time**. The following forms must be filled out and records attached for us to process your application and submit it to the Financial Assistance Committee for review. Do not send in an incomplete application. **Applications which arrive after the deadline may not be reviewed by the Financial Assistance Committee.** Financial Assistance Applications must be postmarked or hand delivered to the office by **February 15, 2012**. Decisions will be granted approximately one month after this date.

- Financial Assistance Checklist, Amount Requested, Acknowledgement Signatures, and Financial Assistance Application
- Copy of year end 2011 mortgage statement/lease agreement for all properties you own including your primary residence, secondary residence, time share or business property.
- Signed copies of your personal 2010 and 2011 (when available) State and Federal Income Tax Returns, including all schedules and attachments which you filed. If you have filed for an extension with the IRS, you must send us a copy of the extension form.

If a sub-chapter S Corporation, closely held partnership or LLC is listed as your business, you must supply signed business State and Federal income tax return for years 2010 and 2011.

If unemployed or disabled, a copy of disability payment or unemployment benefits.

- W-2 forms from all of your employers and 1099 Forms.

Please send completed application **(1 unified per family)** to:

Hebrew Academy of the Capital District
Financial Assistance Committee
54 Sand Creek Road
Albany, New York 12205
CONFIDENTIAL INFORMATION ENCLOSED

Please Fill in Amount Requested and Sign Acknowledgement

Amount Requested:

I/We declare that the information reported on this form, to the best of my/our knowledge and belief, is true, correct and complete. The Bet Shraga Hebrew Academy of the Capital District has my/our permission to verify any information I/we have provided and may obtain a credit check, asset check or other verification of the information provided.

I/We understand and agree that a false or materially misleading affirmative statement or material omission in our application may lead to my/our child not receiving any financial assistance. If an application should be found to be materially false or to contain a material omission after a financial assistance award is made, that award may be rescinded in whole, and reimbursement of full payment shall be required.

I/We understand that it is our responsibility to advise the school's business manager of any changes that could effect our financial assistance. Such notification including our address, our job or financial status must be provided to the school's business manager separate and apart from any other notification made to the school.

Parent's Signature

Social Security #

Date

Parent's Signature

Social Security #

Date

Please Note: Your financial assistance offer will not become final until receipt of your 2011 tax return.

One completed packet per family must be postmarked or hand delivered no later than Wednesday, February 15, 2012

Application for Financial Assistance

BET SHRAGA HEBREW ACADEMY OF THE CAPITAL DISTRICT 2012-2013

This application will be reviewed by the school's Financial Assistance Committee. 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. If there is not enough room to answer any question(s), please answer on a separate sheet or the last page of the application.

Family Information

First and Last Name(s) of Parents/Guardians and Address(es)		Parent 1/Father Information		Parent 2/Mother Information	
		Birthdate		Birthdate	
		Cell Number		Cell Number	
		Home Phone Number		Home Phone Number	
Marital Status		Marital Status / Maiden Name			
List ALL Children in Family		Grade	If child will not attend HACD what school will he/she attend?	What is his/her current school (2011-2012)?	
Child's Name	Birth Date	(2012-2013)			

If divorced or separated, please complete the following: (attach copy of separation agreement, divorce decree, and/or Marital/Financial Settlement Agreement)	
Name, address and phone number of divorced/ separated spouse:	Who takes the child/ren as a tax deduction on federal income tax?
	Date of Divorce or Separation
	What is the amount of court ordered support?

Family Information - continued

Please complete the following, if any child in the family is currently attending or will be attending any private (non-public) school (pre-school - 12th grade) or any public or private college.

Current School Year - Please Provide 2011-2012 Information for All Dependent Children							
Child's Name	Grade	School Name	Total Cost for One School Year	Amount Paid From			
				Parent	Fin. Aid	Loan	Other
			\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$

Next School Year - Please Provide 2012-2013 Information for All Dependent Children							
Child's Name	Grade	School Name	Total Cost for One School Year	Amount Paid From			
				Parent	Fin. Aid	Loan	Other
			\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$

Employment Information

Parent 1/Father's Employer or Business (name and address)	How Long Employed	Business Phone Number	Occupation
	Do you have an interest in the business? <input type="checkbox"/> Yes <input type="checkbox"/> No	Pay period: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____	Check Appropriate Box <input type="checkbox"/> Stockholder <input type="checkbox"/> Wage earner <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Partner
Type of Business	Name of Owner		

Parent 2/Mother's Employer or Business (name and address)	How Long Employed	Business Phone Number	Occupation
	Do you have an interest in the business? <input type="checkbox"/> Yes <input type="checkbox"/> No	Pay period: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____	Check Appropriate Box <input type="checkbox"/> Stockholder <input type="checkbox"/> Wage earner <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Partner
Type of Business	Name of Owner		

If either parent is not working, please explain in detail circumstances that prevent both parents from working.

If someone other than your spouse and/or child(ren) lives in your household please explain the expense arrangement in detail, how much they contribute to the household expenses, etc.

List all other individuals who may be financially responsible for child in school (natural parent in divorce, grandparent or other)		
Name	Address	Describe Circumstances

Other Information

Please explain the nature of after school or weekend activities in which your child participates.

Please describe any trips or vacations that you or your family have taken in the past year, or plan to take in the coming year. How much was spent or do you anticipate to spend?

Please Complete Information for Child/ren Attending Summer Camp (day camp or sleep away camp)

Please Provide Summer 2011 Information for All Children		Amount Paid From			
Child's Name	Camp Name	Parent	Fin. Aid	Loan	Other
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$

Please Provide Summer 2012 Information for All Children		Amount Paid From			
Child's Name	Camp Name	Parent	Fin. Aid	Loan	Other
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$

Monthly (Annual) Income Analysis
Please indicate Monthly or Annual

Income Source	Monthly (Annual) Gross Amount
Wages/Salaries (Parent 1/Father)	\$
Wages/Salaries (Parent 2/Mother)	\$
Cash Income	\$
Tips	\$
Net Business Income	\$
Dividends, Interest	\$
Rental Income	\$
Pension (Parent 1/Father)	\$
Pension (Parent 2/Mother)	\$
Social Security Benefits	\$
Other Government Benefits Received (SSI, Food Stamps, Medicare, or Medicaid.) Explain benefits and circumstances on separate sheet.	\$
Other taxable income/losses	\$
Child support (you are receiving)	\$
Alimony (you are receiving)	\$
Trust or other income (support from family, loans and inheritance, etc) Explain circumstances on separate sheet	\$
Other:	\$
Other:	\$
Other:	\$
Total Monthly (Annual) Income	\$

Monthly (Annual) Expense Analysis

Please indicate Monthly or Annual

Living Expenses	Monthly (Annual) Amount	Living Expenses	Monthly (Annual) Amount
Rent or Mortgage	\$	Nanny/Au Pair/Baby Sitter	\$
Maintenance Fees	\$	Credit Card Payments	\$
Real Estate Taxes (if not included in mortgage)	\$	Alimony (only put if you are paying)	\$
Electric	\$	Child Support (only put if you are paying)	\$
Water	\$	Payments for Other Individuals in Household	\$
Garbage	\$	Sports, Music, Dance, Gym, etc. Lessons for ALL Children	\$
Cable	\$	Payment for Before or After School Care	\$
Other Utilities	\$	Taxes (if not withheld from paycheck or mortgage pymnt)	\$
House Maintenance/Repairs	\$	Other Taxes	\$
Food - Groceries	\$	Other:	\$
Food - Outside Home	\$	Other:	\$
Clothing	\$	Other:	\$
Laundry/Dry Cleaners	\$	Other:	\$
Medical/Dental Expenses	\$	Other:	\$
Car Repairs	\$	Other:	\$
Car Payments	\$	Other:	\$
Transportation (not included in car repairs/car payments)	\$	Other:	\$
Recreation and Entertainment	\$	Other:	\$
Insurance-Homeowners (not included in mortgage)	\$	Other:	\$
Insurance-Life	\$	Other:	\$
Insurance-Health	\$	Other:	\$
Insurance-Auto	\$	Net Monthly (Annual) Expenses (Not including payments to HACD)	\$
Insurance-Other	\$	Requested Monthly (Annual) Payments to HACD	\$
Housekeeper/Maid/Cleaning Service	\$	Net Monthly (Annual) Expenses (Including Payments to HACD)	\$

General Financial Information

Charge Cards, Lines of Credit, Other Loans (include accounts from Banks, Credit Unions, Savings and Loan, etc.)			
Name of Institution	Owner	Type of Account	Amount Owed
			\$
			\$
			\$
			\$
			\$
			\$
Total			\$

Bank Accounts (include Savings and Loans, Credit Unions, IRA, Retirement Plans, Certificates of Deposit, etc.)			
Name of Institution	Owner	Type of Account	Balance
			\$
			\$
			\$
			\$
			\$
			\$
Total			\$

Real Property (Home, Condo, Rental Property, Vacation Home, Other)		
Description	Purchase Price	Market Value
		\$
		\$
		\$
Total		\$

General Financial Information - continued

Automobile(s)						
Description	Check One		Monthly Payment	Market Value		
Make and Year	<input type="checkbox"/>	Own	<input type="checkbox"/>	Employer Owned	\$	\$
	<input type="checkbox"/>	Lease	<input type="checkbox"/>	Other		
Make and Year	<input type="checkbox"/>	Own	<input type="checkbox"/>	Employer Owned	\$	\$
	<input type="checkbox"/>	Lease	<input type="checkbox"/>	Other		
Make and Year	<input type="checkbox"/>	Own	<input type="checkbox"/>	Employer Owned	\$	\$
	<input type="checkbox"/>	Lease	<input type="checkbox"/>	Other		
Make and Year	<input type="checkbox"/>	Own	<input type="checkbox"/>	Employer Owned	\$	\$
	<input type="checkbox"/>	Lease	<input type="checkbox"/>	Other		

Life Insurance		
Life Insurance - Name of Company	Death Benefit	Cash Value
	\$	\$
	\$	\$
	\$	\$
	\$	\$

Securities (Stocks, Bonds, Mutual Funds, Money Market Funds, Government Securities, etc.)		
Describe Stocks, Bonds and/or Securities	Quantity or Denomination	Current Value
		\$
		\$
		\$
		\$
		\$
		\$
		\$

