

TORAH ACADEMY TUITION ASSISTANCE APPLICATION

PLEASE TYPE OR PRINT CLEARLY

STUDENT'S NAME (FIRST, MIDDLE AND LAST)			
FATHER'S NAME (TITLE, FIRST AND LAST)			
FATHER'S ADDRESS	CITY	STATE	ZIP CODE
FATHER'S EMPLOYER (NAME)		OCCUPATION	
HOME PHONE	HOME FAX	OFFICE PHONE	OFFICE FAX
MOTHER'S NAME (TITLE, FIRST AND LAST)			
MOTHER'S ADDRESS (IF DIFFERENT THAN FATHER'S)	CITY	STATE	ZIP CODE
MOTHER'S EMPLOYER (NAME)		OCCUPATION	
HOME PHONE ()	HOME FAX ()	OFFICE PHONE ()	OFFICE FAX ()

I. GROSS INCOME

TAXABLE INCOME INFORMATION

FATHER'S TAXABLE INCOME	FATHER'S NON-TAXABLE INCOME
MOTHER'S TAXABLE INCOME	MOTHER'S NON-TAXABLE INCOME

II. EXPENSES

SCHOOLING (PLEASE LIST FOR 2009-2010 SCHOOL YEAR)

OTHER CHILDREN (LIST ALL CHILDREN-EVEN IF NOT IN SCHOOL)

NAME	AGE	SCHOOL	FULL TUITION	ACTUAL TUITION PAID

III. ASSETS

HOME Own <input type="checkbox"/> Rent <input type="checkbox"/>	MARKET VALUE	UNPAID MORTGAGE OR DEBT	MONTHLY MORTGAGE OR RENT PAYMENT	REAL ESTATE TAXES
OTHER INCOME RESOURCES	SOURCE	VALUE		
	SOURCE	VALUE		

IV. UNUSUAL EXPENSES

FULL TUITION BEFORE ASSISTANCE \$ _____

AMOUNT WE CAN AFFORD TO PAY \$ _____

TUITION ASSISTANCE REQUESTED \$ _____

TUITION ASSISTANCE GRANTED \$ _____

I STATE THAT ALL OF THE FOREGOING INFORMATION IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

I AGREE TO NOTIFY TORAH ACADEMY PROMPTLY OF ANY MATERIAL CHANGE IN CIRCUMSTANCES, AND UNDERSTAND THAT ANY MISREPRESENTATION, FAILURE TO SUPPLY A MATERIAL FACT OR FAILURE TO ADVISE OF ANY MATERIAL CHANGE MAY RESULT IN DENIAL OR FORFEITURE OF TUITION ASSISTANCE.

SIGNATURE (PARENT OR GUARDIAN)	DATE
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A COPY OF LAST YEAR'S ENTIRE INCOME TAX RETURN INCLUDING ALL CORRESPONDING SCHEDULES AND W-2s MUST ACCOMPANY THIS APPLICATION.

**PLEASE RETURN COMPLETED APPLICATION TO: Torah Academy
225 McHenry Road
Buffalo Grove IL 60089**

A \$250 deposit is required to register and apply for tuition assistance.