

APPLICATION FOR FINANCIAL ASSISTANCE

UNITED LUBAVITCHER YESHIVA – OCEAN PARKWAY

SCHOOL YEAR: 2017 - 2018 · תשע"ז - תשע"ח

PARENT INFORMATION	
Father - Full Name:	Mother - Full Name:

SCHOOL ENROLLMENT FOR 2017 - 2018			
List children to be enrolled in ULYOP.			
	Full Name		Grade Entering
1			
2			
List children enrolled in other educational intitutions.			
	Name	Age	Educational Institution
			Total Cost: Tuition + Fees
1			
2			
3			
4			
5			
6			
TOTAL YEARLY TUITION YOU ARE ABLE TO PAY TO ULYOP:			\$
TOTAL YEARLY TUITION FOR CHILDREN IN OTHER EDUCATIONAL INSTITUTIONS FOR 2017/18:			\$

ANCILLARY INCOME & EXPENSES	
Are you a single parent? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how much yearly alimony and/or child support do you receive?	\$
Are you supported by anyone? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how much yearly outside support are you receiving? If yes, how much is dedicated to tuition assistance?	\$ \$
Are you on any form of public assistance? <i>(please check all that apply)</i> Food stamps <input type="checkbox"/> Medicaid <input type="checkbox"/> Welfare <input type="checkbox"/> Section 8 <input type="checkbox"/>	
Did your child(ren) attend summer camp? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how much did you pay?	\$
Please disclose any special medical expenses or liabilities, and indicate their combined total.	\$
Please disclose any other unusual financial circumstances, and indicate their combined total.	\$

ASSETS

Please indicate total current value of all assets, including cash, investments, pension, real estate, automobiles, and any other assets.

\$

LIABILITIES

Please indicate the total of all liabilities, including mortgage loans, home equity loans, auto loans, credit card balances, and all other liabilities.

\$

ANNUAL FAMILY INCOME

Please indicate the total family income, from all sources, including salary, self-employment income, interest and dividends, Disability benefits, pensions, net rental income, alimony, child support, and any other income.

\$

MONTHLY FAMILY EXPENSES

Mortgage Payment (include principal, interest, taxes and insurance) or Rent

\$

Auto Payment (loan or lease)

\$

Credit Card/Installment Loan Payments

\$

Auto Expenses (gas, insurance, repairs)

\$

Utilities - Electricity, Gas, Water/Sewer

\$

Telephone and Internet Service

\$

Home Repairs/Maintenance

\$

Food Supplies

\$

Insurance - Health

\$

Insurance - Life and Disability

\$

Housekeeper, Babysitter

\$

Medical and Dental Care

\$

Donations

\$

TOTAL MONTHLY EXPENSES:

\$

CERTIFICATION AND AUTHORIZATION FOR FINANCIAL DISCLOSURE

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

I hereby authorize **ULYOP** to make credit inquiries as it deems necessary. I 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 **ULYOP** without limitation, until this authorization is revoked in writing by the undersigned.

SIGNED:

Father

Date

Mother

Date