



Derech HaTorah of Rochester Scholarship Application 2018—2019



APPLICATION REQUIREMENTS

1. Completed Scholarship Application Form
2. Detailed copies of all pages and schedules of your 2016 Federal Income Tax Return Form 1040, 1040A or 1040EZ (as filed with the IRS) for individuals
3. Full payment (or post-dated checks) of any overdue tuition/ fees owed to the school.
4. Return completed form with tax return by **Wednesday, May 9, 2018** to:

Derech HaTorah of Rochester
Attn: Lea Goldstein
71 Maiden Lane
Rochester, NY 14616

Important: If the above items do not accompany this application, your application can not be processed.

STUDENT INFORMATION (Please Print)

Name:	Birth Date:	Entering Grade:
Name:	Birth Date:	Entering Grade:
Name:	Birth Date:	Entering Grade:
Name:	Birth Date:	Entering Grade:
Name:	Birth Date:	Entering Grade:
Address:	City:	State: Zip:

Home Phone:	Email Address:
Father's Name:	Father's Work Phone:
Mother's Name:	Mother's Work Phone:

INCOME

Annual Household Income (include all taxable and non-taxable income and wages):

Number of Family Members in Household:

HOUSING

Do you rent or own your current residence? Rent Own

If renting, what is your monthly rental payment? \$

If you own your residence:

a. What is the approximate current market value? \$

b. What is the amount still owed, including home equity loans? \$

c. What is your monthly mortgage payment? \$

~ Please complete application by turning over page ~

INVESTMENTS

Total amount in cash, checking, and savings accounts	\$
Total value of money market funds, mutual funds, stocks, bonds, CDs, etc.	\$
Total value of IRA, Keogh, 401K, SEP or other retirement accounts	\$

If you own real estate other than your primary residence:

a. What is the fair market value?

b. What is the amount still owed?

Do you own a business?

Yes No

a. If yes, what is the fair market value of your business?

b. What is the amount still owed?

VEHICLES

Year:	Make:	Model:	Amount Owed:
Year:	Make:	Model:	Amount Owed:
Year:	Make:	Model:	Amount Owed:

CAMPS

First Name

Which (if any) summer camps will your children be attending this year? _____

Total costs of summer camp(s): \$ _____

ASSISTANCE

Amount of income or benefit (if applicable) from Food Stamps, Housing Assistance, Social Security or other special program received for ALL members of the household in 2017: \$ _____

SPECIAL/ UNUSUAL CIRCUMSTANCES

Please list any unusual expenses/circumstances that you feel should be taken into account

PLEASE CHECK THE FOLLOWING BEFORE RETURNING THIS SCHOLARSHIP APPLICATION:

- This application form filled out in its entirety, signed and dated below, by the Parent or Guardian
- A complete photocopy of your 2017 Form 1040, 1040A or 1040EZ (as filed with the IRS, with all Schedules)

- I/We declare that the information on this form is true, correct, and complete to the best of our knowledge. I/We authorize Derech HaTorah of Rochester to contact the IRS and/or my/our employer(s) to confirm the information on this form. I understand that the purpose of this form is to provide a reasonable assessment of the ability of each family to pay for the education of their children at Derech HaTorah of Rochester. Derech HaTorah of Rochester's principal and scholarship committee will use this information to calculate a fair and equitable scholarship award.

Parent/ Guardian's Signature

Date

FOR OFFICE USE ONLY

Date:

Total Tuition Due:

Amount of Scholarship:

Adjusted Tuition Due:

Notes:
