

UNITED JEWISH FEDERATION DAY SCHOOL SCHOLARSHIP APPLICATION

Instructions & Check list:

1. **To the best of your knowledge, fill out all pages of this application.**
2. Check only one:
 - I/we have filed my/our current year IRS form 1040 and have enclosed a complete photocopy.
 - I/we have not filed my/our current year IRS form 1040 but have enclosed a complete photocopy of my/our most recent form 1040. I/we will forward a copy of my/our current year form 1040 when filed.
 - I/we do not file an IRS form 1040 and receive only non-taxable income. (You must enclose photocopies of your Social Services Grant Letter and /or photocopies of our Food Stamps Grant Letter and/or photocopies of your Social Security Benefits statement(s) for all members of your household receiving benefits.
3. Sign Certification Statement below

4. **By July 15th return this application to** _____.

I Certify that all information on this application is correct. _____

PLEASE LIST ALL DEPENDENT CHILDREN:

STUDENT NAME:	SS#:	GRADE IN FALL:	SCHOOL ATTENDING IN FALL:	IS THE STUDENT APPLYING FOR AID: (YES OR NO)	TUITION CHARGED PER YEAR:	AMOUNT I/WE FEEL I/WE CAN PAY:
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Children reside with: Both Parents Father Mother Other: _____

Name of Parent(S) or Legal Guardian(S)

1. _____ SS# _____ Age _____

Relationship to the student: Father Mother Stepfather Stepmother Other

Name of Employer _____ Occupation _____

Number of years employed _____ Work Telephone # _____

2. _____ SS# _____ Age _____

Relationship to the student: Father Mother Stepfather Stepmother Other

Name of Employer _____ Occupation _____

Number of years employed _____ Work Telephone # _____

Home Telephone # _____ - _____ - _____ E-Mail _____

Permanent Mailing Address (if different from above) _____

City _____ State _____ ZIP _____

DIVORCED OR SEPARATED PARENTS

- 1. Date of divorce or separation (month/year) _____
- 2. Do you receive child support? yes no
- 3. According to court order, when will child support end? _____
- 4. Is there any agreement specifying a contribution for student's education? yes no
If yes how much per year \$ _____
- 5. Who claimed the student as a tax dependent in last year?
- 6. Do special circumstances exist? yes no
If yes list this information on page 3

NON-TAXABLE INCOME RECEIVED

List the yearly total received for all in your household in the last year, not monthly amounts

- 1. Child Support \$ _____
- 2. Welfare \$ _____
- 3. Food Stamps \$ _____
- 4. Social Security/SSI \$ _____
- 5. Other non-taxable Income \$ _____
- 6. Total non-taxable income \$ _____

ESTIMATED INCOME FOR THIS YEAR

Estimate to the best of your knowledge what your total household income will be for this year: \$ _____

ASSETS & INVESTMENTS

- 1. Total amount in cash, checking, and savings accounts as of _____ date \$ _____
- 2. Total value of money market funds, mutual funds, stocks, bonds, or other securities \$ _____
- 3. Total value of IRA, Keogh, CD's, 401K, SEP \$ _____
- 4. If you own Investment real estate (not primary residence)
 - a. What was the original cost? \$ _____
 - b. What is the amount still owed? \$ _____
- 5. Do you own a business or farm?
 - a. What is the value of your business or farm? \$ _____
 - b. What is the amount you still owe? \$ _____

HOUSING INFORMATION (do not leave blank)

- 1. Do you rent or own your residence? Rent Own
- 2. If renting, what is your monthly rental payment? \$ _____
- 3. If you own your residence:
 - a. What was the year of purchase? _____
 - b. How much did it cost? \$ _____
 - c. How much is still owed? \$ _____
 - d. What is your monthly mortgage? \$ _____

FAMILY FINANCIAL INFORMATION

INSTRUCTIONS:

The parent who makes this student eligible for this grant **must complete and sign** this form. This is true even in cases of divorce.

The answers to the questions below will be used to determine financial need in connection with the scholarship. Information should be taken from the most recent completed income tax return.

1. Did you claim this student on your income tax return? Yes No
2. If not, did you pay child support for this student? Yes No

Total dollars paid in child support for this student for the year \$ _____

4. If you did not claim this student on the tax return, do you alternate years with the other parent or do you claim one of the student's siblings? _____

1. Parents' Adjusted Gross Income on Federal Tax Return \$ _____

2. Total number of *dependent children* in family _____

3. Total number of *dependent children* who will be attending a tuition charging school (pre-k, elementary school, secondary school or college in the fall). _____

4. If *both parents reside at the same address*, do they both work? Yes No

5. Is this a single-parent family? Yes No

If you feel there are extenuating circumstances which will affect your ability to pay for this student's education, please describe those circumstances below or you may enclose an attachment with additional information.

I hereby declare that the information contained in this questionnaire is accurate and complete to the best of my knowledge.

Parent's signature: _____ Date: _____