



Beis Medrash Tuition Assistance Application

This application is for Beis Medrash only and should not be used to apply for tuition assistance for the Yeshiva Ketana or Mesivta divisions.

Completed forms should be saved and emailed to businessoffice@ohrreuve.com.

The Business Office will be in touch with you when a determination is reached.

**PLEASE ANSWER ALL QUESTIONS. DO NOT LEAVE BLANKS.
FILL IN "0", "NONE", "N/A" (NOT APPLICABLE) WHERE APPROPRIATE.**

APPLICATIONS MUST BE COMPLETE TO BE REVIEWED.

Family Name _____ Father _____ Mother _____

Marital Status: (please check one)

_____ Married _____ Single parent supporting children alone _____ Single parents sharing expenses
(both parents are required to submit documentation)

Address _____ City/State/Zip _____

Home telephone # _____ Business # _____

Father cell phone # _____ Mother cell phone # _____

E-mail address _____ Fax # _____

If responsible party address is different from above, please complete

Address _____ City/State/Zip _____

Home telephone # _____ Business # _____

Cell phone # _____ E-Mail / Fax # _____

Are both mother and father totally responsible for financial support of children? Yes _____ No _____ if no, please explain exact arrangement _____

Total # of children in household _____

Total # of children to be registered in Yeshivas Ohr Reuven _____

Beis Medrash Talmid/Chaburah Information

Children to be enrolled in Yeshivas Ohr Reuven's Beis Medrash Program. Please indicate which chaburah and whether dorm is being requested. Fees for lunch and suppers are set by the respective caterers and cannot be discounted.

Talmid's name:	Rosh Chaburah:	Is Dorm being requested:
1.		
2.		

Children enrolled in **other schools** or childcare programs: (If more space is required, use reverse or an additional paper)

Child's name	Grade for 2024-2025	School or Program 2024-2025	School or Program 2024-2025	Your tuition obligation for 2023-2024 was:	Your tuition obligation for 2024-2025 (if known)
1.				\$	\$
2.				\$	\$
3.				\$	\$
4.				\$	\$
5.				\$	\$

INCOME

List all income on an annual basis

Income	Father (Actual 2023)	Mother (Actual 2023)	Father (Est. 2024)	Mother (Est. 2024)
GROSS earnings (include all tax-exempt amounts)	\$	\$	\$	\$
Variable Compensation, e.g., bonus, incentive, commission	\$	\$	\$	\$
Interest and Dividends: (please include combined dividends, interest and taxable pensions)	\$	\$	\$	\$
Annual contributions to IRA's, Keoghs, 401-K's & other tax sheltered annuities	\$	\$	\$	\$
Aid to Dependent Children (ADC) or any General/Public Assistance (i.e. HUD, WIC, SSI, food stamps)	\$	\$	\$	\$
Do you receive Medicaid?	() Yes () No	() Yes () No	() Yes () No	() Yes () No
Net Rental Income	\$	\$	\$	\$
Gifts or other private income (e.g.; Grandparents, Foundations, Charities)	\$	\$	\$	\$
Other Income (Specify)	\$	\$	\$	\$
Total Gross Income	\$	\$	\$	\$
Combined Gross Income	2023 \$		2024 \$	

NON RECURRING INCOME

List any non-recurring income (e.g. inheritance, gift, insurance settlement etc.) greater than \$5000 received by any family member or other special income not reflected above, for the past 5 years.

NON SALARY BENEFITS

Parsonage, Subsidized Housing, Tuition Reduction Specify _____

Actual Value \$ _____

Is a portion of your tuition payments available from another source, e.g. grandparents, employer match, etc.? Yes/No If so, please provide details

EXPENSES

Housing: Monthly mortgage \$ _____ or monthly rent \$ _____ Does mortgage payment include real estate taxes? Yes _____ No* _____ *If no, how much is your total annual real estate taxes: \$ _____	
Medical/dental expenses paid (Include only expenses not covered by insurance. You may include cost of medical insurance premiums you paid)	\$
Medical insurance paid by you and not your employer	
Other (Specify)	\$
Other (Specify)	\$
Other (Specify)	\$
Where does your family spend summer? (Please include Name and Location) How much did you spend?	\$

FAMILY EMPLOYMENT

Husband:

Occupation: _____ Are you Self-Employed? () Yes () No

Name of Company: _____ If self-employed - # of Employees _____

Address: _____ City/State/Zip _____

Job Title: _____ Job Description: _____

Type of Business / Services provided? _____

() Full Time () Part Time _____ hours per week

Wife:

Occupation: _____ Are you Self-Employed? () Yes () No

Name of Company: _____ If self-employed - # of Employees _____

Address: _____ City/State/Zip _____

Job Title: _____ Job Description: _____

Type of Business/Services provided? _____

() Full Time () Part Time _____ hours per week

If you have any additional jobs, please list below:

Name	Employer	Position	Hours per week	Salary
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

EXPLANATIONS

Report any special circumstances or additional information you would like considered. If a parent is presently unemployed and / or expects an income decrease in 2024, give specific details. Please answer this question as fully as possible. If preferred, attach a separate explanation file to your application.

Amount of tuition assistance that you are requesting the Yeshiva to subsidize:	\$ _____
Total obligation that you are requesting to pay for all of the students that you have enrolled in Yeshivas Ohr Reuven:	\$ _____

AGREEMENT

AS A TORAH JEW, I HEREWITH AFFIRM THAT THE INFORMATION CONTAINED HEREIN AND THE DOCUMENTS, WHICH I HAVE SUBMITTED HEREWITH, ARE TRUE AND CORRECT. I FULLY UNDERSTAND THAT ACCEPTANCE OF TUITION ASSISTANCE MONEY REQUIRES ME TO PARTICIPATE IN THE YESHIVA'S FUNDRAISING PROJECTS COMMENSURATE WITH THE AMOUNT OF SCHOLARSHIP. I AM AWARE THAT SHOULD THE COMMITTEE FIND ANY INCONSISTENCIES IN MY DECLARATIONS CONCERNING MY FINANCES THAT I WILL FORFEIT ALL RIGHTS TO FINANCIAL ASSISTANCE. IT IS UNDERSTOOD THAT SHOULD MY FINANCIAL CIRCUMSTANCES CHANGE APPRECIABLY AT ANY TIME IN THE FUTURE, I WILL BE EXPECTED TO REIMBURSE TO THE YESHIVA THE FULL AMOUNT OF THE TUITION ASSISTANCE GRANTED. I ALSO UNDERSTAND THAT THE YESHIVA RESERVES THE RIGHT TO REEVALUATE THE TUITION ASSISTANCE GRANTED DURING THE 2024/2025 SCHOOL YEAR, AND A CHANGE IN MY FINANCIAL STATUS REQUIRES MY NOTIFYING THE YESHIVA.

Parent Signature _____ Date _____

Parent Signature _____ Date _____