OHR REUVEN אור ראובן

# 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@ohrreuven.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.**
**PLEASE SEE THE LETTER, CHECKLIST AND NOTES ON THE PRECEEDING PAGES.**

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 | Current Grade | Current School | Current School | Your tuition obligation for PREVIOUS year: | Your tuition obligation for CURRENT Year (if known) |
|---|---|---|---|---|---|
| **1.** | | | | $ | $ |
| **2.** | | | | $ | $ |
| **3.** | | | | $ | $ |
| **4.** | | | | $ | $ |
| **5.** | | | | $ | $ |

## INCOME

List all income on an annual basis

| Income | Father (Actual Previous year) | Mother (Actual Previous year) | Father (Est. Current year) | Mother (Est. Current year) |
|---|---|---|---|---|
| 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** | **Previous Year $** | | **Current Year $** | |

### 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 the CURRENT year, 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 CURRENT SCHOOL YEAR, AND A CHANGE IN MY FINANCIAL STATUS REQUIRES MY NOTIFYING THE YESHIVA.

**Parent Signature** _____**Date** _____

**Parent Signature** _____**Date** _____