

JDBY-YTT FINANCIAL AID APPLICATION FOR 2026-27 SCHOOL YEAR

Be sure to answer all questions. If not applicable, enter N/A or 0.

SECTION 1: PARENTS' INFORMATION

	Father		Mother	
Last Name:				
First Name:				
Daytime Phone:	Evening Phone:	Daytime Phone:	Evening Phone:	
Address				
Email Address:				
Current Marital Status (circle one):	Married	Widowed	Separated	Divorced

SECTION 2: HOUSEHOLD & TUITION INFORMATION

Family size: _____ adults _____ children

JDBY-YTT INFO: Please list below ALL of your children enrolled in JDBY-YTT for 2026-27 (pre-nursery - 8th)

Child's Name	2026-27 Grade

For **K-8 children** enrolled in JDBY-YTT, please enter the amount you are requesting to pay **Per Child**.
Please enter tuition only, not including other fees or give or get. Tuition per child: \$18,200; minimum \$4,800.

Full Tuition Per Child	Requested Tuition Rate Per Child (Cannot be less than minimum tuition - \$4,800 per child/\$19,200 family cap)	Scholarship Requested Per Child (Difference between full tuition and what you expect to pay)
\$18,200		

Please note that all financial aid grants will need to be raised through fund-raising.

OTHER SCHOOLS AND CHILDCARE INFO: Please list below **ALL** your other unmarried children along with the **annual** tuition/play group/childcare/baby-sitting you expect to pay for each child for the upcoming school year, **NOT** including those enrolled at JDBY-YTT listed above.

Child's Name	Age	2026-27 Grade	School/Play Group/Childcare	Check Here if School is Outside of the Chicago area	Full Tuition	Annual tuition you expect to pay

What is the **additional ANNUAL (YEARLY)** cost of babysitting **NOT included above** to enable both parents to work or attend school? \$

Please provide details (ages of children, hours, and location) of the additional cost of babysitting:

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SECTION 3: INCOME

2025 ANNUAL INCOME

	Father	Mother
Occupation:		
Employer:		

Please select one of the choices below:

Full-Time employed	Not employed	Full-time family care	Student	Kollel	Full-Time	Not employed	Full-time family care	Student
Part-time (less than 30 hrs./wk.)	Retired	Self-Employed	Disabled		Part-time (less than 30 hrs./wk.)	Retired	Self-Employed	Disabled

What is the value of your total compensation package (items to be detailed below)*:

Do you receive W-2 income?

	Amount	Comments/Source
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Total Gross W-2 Wages (box 5)

Pre-tax wages contributed to FSA, HSA, DCA, or other Cafeteria Items

Employer contributions to FSA, HSA or DCA

Parsonage/Fellowship

Other items employer provides in addition to those included above (e.g. housing; auto; tuition; other)

Other Business Income**

Other Self-Employment**

Tutoring

Interest/Dividend Income

Family Assistance

Capital Gains

Other Income*

*Please provide complete income/compensation information. Provide details of any other source of income not included on your tax return.

**Please indicate if you pay both employer and employee share of social security.

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SECTION 3: INCOME (CONTINUED)

ANTICIPATED 2026 ANNUAL INCOME (Application will not be processed if left blank)

	Father	Mother
Occupation:		
Employer:		

Please select one of the choices below: Please select one of the choices below:

Full-Time	Not employed	Full-time family care	Student	Kollel	Full-Time	Not employed	Full-time family care	Student
Part-time (less than 30 hrs./wk.)	Retired	Self-Employed	Disabled		Part-time (less than 30 hrs./wk.)	Retired	Self-Employed	Disabled

What is the value of your total compensation package (items to be detailed below)*:₪ **What is the value of your total compensation package (items to be detailed below)*:₪**

Do you receive W-2 income? Do you receive W-2 income?

	Amount	Comments/Source		Amount	Comments/Source
Total Gross W-2 Wages (box 5)			Total Gross W-2 Wages (box 5)		
Pre-tax wages contributed to FSA, HSA, DCA, or other Cafeteria Items			Pre-tax wages contributed to FSA, HSA, DCA, or other Cafeteria Items		
Employer contributions to FSA, HSA or DCA			Employer contributions to FSA, HSA or DCA		
Parsonage/Fellowship			Parsonage/ Fellowship		
Other items employer provides in addition to those included above (e.g. housing; auto; tuition; other)			Other items employer provides in addition to those included above (e.g. housing; auto; tuition; other)		
Other Business Income**			Other Business Income**		
Other Self-Employment**			Other Self-Employment**		
Tutoring			Tutoring		
Interest/Dividend Income			Interest/ Dividend Income		
Family Assistance			Family Assistance		
Capital Gains			Capital Gains		
Other Income*			Other Income*		

*Please provide complete income/compensation information. Provide details of any other source of income not included on your tax return.

**Please indicate if you pay both employer and employee share of social security.

Explain any differences between 2025 and projected 2026 income, or if you expect any changes for 2027.

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What is the most recent year for which you've filed a tax return?

20_____

Please provide a complete copy of your 2025 FEDERAL and STATE tax returns, including all schedules and all pages, W-2's, 1099's, K-1's, and business return, if applicable. Please also provide 2 recent consecutive pay stubs. **All scholarship grants are pending receipt of the complete federal tax return.** If you have not yet filed, please provide your return for the prior year along with all W-2's; 1099's; K-1's, etc. and recent pay stubs **for 2025**. The committee will provide a **temporary** assessment.

SECTION 5: EXPENSES

Do you rent or own your primary residence?				
If you own your home, the amount you currently owe:				\$
Total monthly rent, mortgage and/or home equity loan payment (including principal, interest, taxes, and home insurance):				\$
Total credit card debt. (Do not include balances that are paid in full each month):				\$
ANNUAL college tuition payments for either parent currently attending college:				\$
MONTHLY student loan payments (for parents' education costs):				\$
Other monthly loan payments:				\$
Charitable contributions per year:				\$
ANNUAL support for children in Kollel:	Child 1: \$	Child 2: \$	Child 3: \$	\$
Medical insurance:				
Do you pay for Health Insurance (Payroll deduction, Marketplace, Private plan, etc.)?				Please fill in YES or NO
Cost of Monthly Health Insurance Premium (amount that you pay):				\$
Does your Employer also pay a portion of the total <u>premium</u> for your Health Insurance?				Please fill in YES or NO
Estimated ANNUAL out of pocket medical, dental, and therapy costs AFTER premium (co-pays, deductibles, co-insurance, private pay, etc. DO NOT include your premium):				\$
Extraordinary expenses (other than the regular cost of living expenses, details must be provided for the committee to take into consideration):				\$
Please explain all extraordinary expenses listed above:				

SECTION 6: OTHER ASSETS

Value of cash, savings, and/or checking accounts:	\$
Value of stock, bond investments, mutual funds and/or certificates of deposit:	\$
Value of retirement plan assets (401(k); 403(B); pensions and/or IRA's):	\$

List all properties that you own other than your residence:			
Address	Monthly payment including tax and insurance	Amount Owed	Rent Received

Is there any other information the Tuition Committee should take into consideration?