

YESHIVAS TIFERES TZVI JOAN DACHS BAIS YAAKOV

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JDBY-YTT FINANCIAL AID APPLICATION FOR 2018-19 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:								
Email Address:								
	Current Mari	tal Status (circle	e one):		Married	Widowed	Separated	Divorced
SECTION 2: HOUSEHOLD INFORMATION								
Family siz	e:a	adults		children				
Wh	What is the monthly cost of childcare to enable both parents to work or attend school during the same hours? \$							
Please list ALL of your unmarried children along with tuition/play group/childcare/baby-sitting that you are paying or expect to pay for each child, including those enrolled at JDBY-YTT for the upcoming school year.								
Child's Na	ıme	Age	2018-19 Grade	School/Play Group	o/Childcare	Full Tuition	Annual tuition you expect to pay	Amount of scholarship requested

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SECTION 3: INCOME **2017 INCOME** Father Mother Occupation: Employer: Please select one of the choices below: Please select one of the choices below: Not Full-time Full-time family Full-Time employed family care Student Kollel Full-Time Not employed Student care Self-Part-time (less Part-time (less than 30 hrs./wk.) than 30 hrs./wk.) Retired Self-Employed Retired Employed Disabled Disabled Type Amount Comments/Source Amount Comments/Source Gross Income 401k, IRA, etc. (D) FSA, Cafeteria (E) Health Benefit (DD) Parsonage Fellowship Tutoring **Business Income** Family Assistance Other Income* Other Income*

Other Income*

^{*}Itemize any other source of income not included on your tax return.

JDBY-YTT FINANCIAL AID APPLICATION FOR 2018-19 SCHOOL YEAR

SECTION 3: INCOME (CONTINUED)										
ANTICIPATED 2018 INCOME										
	Father					Mother				
Occupation:										
Employer:										
Please select one o	f the choices	below:	1	1	Please select one	Please select one of the choices below:				
	Not	Full-time					Full-time family			
Full-Time	employed	family care	Student	Kollel	Full-Time	Not employed	care	Student		
Part-time (less		Self-			Part-time (less					
than 30 hrs./wk.)	Retired	Employed	Disabled		than 30 hrs./wk.)	Retired	Self-Employed	Disabled		
Gross Inc	ome									
401k, IRA, e	401k, IRA, etc. (D)									
FSA, Cafeteria (E)										
Health Benefit (DD)										
Parsonage										
Fellowship										
Tutoring										
Business Income										
Family Assistance										
Other Income*										
Other Inco	Other Income*									
Other Income*										
*Itemize any sourc	e of income r	ot anticipated	to be included on	your tax return.						
Please explain an	y significant	difference (hi	gher or lower) b	etween 2017 and projec	ted 2018 income:					

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SECTION 4: TAX INFORMATION				
What is the most recent year for which you've filed a tax return?				
Please provide a complete copy of the most recent federal tax return, including all schedules, W-2's, 1099's, K-1's, and business return, if ap scholarships grants are pending receipt of the complete 2017 federal tax return. If you have not yet filed, please provide all W-2's; 1099's 2017. 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:	\$			
	\$			
List all other properties that you own:				
Total credit card debt. (Do not include balances that are paid in full each month):	\$			
Cost of college tuition for either parent currently attending college:	<u>.</u> \$			
Monthly student loan payments - please explain details:	<u>.</u> \$			
Other monthly loan payments:	\$			
Monthly child support and/or alimony:	\$			
Charitable contributions per year:	\$			
Annual eldercare (please detail):	<u>, </u>			
Monthly medical insurance premiums:	<u>, </u>			
Amount paid by employer:	\$ \$			
Amount paid by employee:	ر د			
Additional estimated annual out of pocket medical costs (co-pays; deductible):	\$ \$			
Other expenses (e.g. supporting children in Kollel):	ر د			
Other expenses :	÷			
	\$ \$			
	?			
SECTION 6: OTHER ASSETS				
Value of cash, savings, and/or checking accounts:	\$			
	\$ \$			
1/1 f - 1/1 (40/1) 402/9	\$ \$			
Is there any other information the Tuition Committee should take into consideration?	?			