

## JDBY-YTT FINANCIAL AID APPLICATION FOR 2023-24 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: HOU                               | SEHOLD INFORMA                  | TION                      |                   |  |                   |  |  |  |
| Family size   | e:                                   | adults               |                                | children                                     |                                 |                           |                   |  |                   |  |  |  |
| JDBY-YTT INFO: P  | lease list bel                       | ow <b>ALL</b> of you |                                | —<br>I in JDBY-YTT for 2023-                 |                                 |                           |                   |  |                   |  |  |  |
| Please enter tuition  | only, not inc                        | luding other fee     | es or give or get. <b>Tu</b> i | tion per child: \$15,400;                    | minimum \$3,500.                |                           |                   | T=   |                   |  |  |  |
| Child's Name  |                                      |                      | 2023-24 Grade                  | Full Tuition                                 | Amount of scholarship requested |                           |                   | Requested annual tuition you expect to pay |                   |  |  |  |
|   |                                      |                      |                                |  |                                 |                           |                   |  |                   |  |  |  |
|   |                                      |                      |                                |  |                                 |                           |                   |  |                   |  |  |  |
|   |                                      |                      |                                |  |                                 |                           |                   |  |                   |  |  |  |
|   |                                      |                      |                                |  |                                 |                           |                   |  |                   |  |  |  |
|   |                                      |                      |                                |  |                                 |                           |                   |  |                   |  |  |  |
|   |                                      |                      |                                |  |                                 |                           |                   |  |                   |  |  |  |
|   |                                      |                      |                                |  |                                 |                           |                   |  |                   |  |  |  |
|   |                                      |                      |                                | your other unmarried ose enrolled at JDBY-YT |                                 | the <b>annual</b> tuition | n/play group/chil | dcare/baby-sitting                         | you expect to pay |  |  |  |
| Tor each child for  | тте ирсотт                           | ig scrioor year,     | including the                  | ose emoned at JDB1-11                        | i iisted above.                 | Check Here if             |                   |  |                   |  |  |  |
|   |                                      | 2023-24 Grade        |                                |  | School is Outside               |                           |                   |  |                   |  |  |  |
| Child's Name Age  |                                      |                      | School/Play Gro                | up/Childcare                                 | of the Chicago<br>area          | Full Tuition              | Annual tuition y  | ou expect to pay                           |                   |  |  |  |
|   |                                      |                      |                                |  |                                 |                           |                   |  |                   |  |  |  |
|   |                                      |                      |                                |  |                                 |                           |                   |  |                   |  |  |  |
|   |                                      |                      |                                |  |                                 |                           |                   |  |                   |  |  |  |
|   |                                      |                      |                                |  |                                 |                           |                   |  |                   |  |  |  |
|   |                                      |                      |                                |  |                                 |                           |                   |  |                   |  |  |  |
|   |                                      |                      |                                |  |                                 |                           |                   |  |                   |  |  |  |
|   |                                      |                      |                                |  |                                 |                           |                   |  |                   |  |  |  |
| What is the <b>addit</b>  | ional ANNU                           | AL (YEARLY) co       | ost of babysitting N           | IOT included above to                        | enable both parent              | ts to work or atten       | d school?         |  | \$                |  |  |  |

## JDBY-YTT FINANCIAL AID APPLICATION FOR 2023-24 SCHOOL YEAR

| SECTION 3: INCOME   |                 |                          |                    |                           |   |                       |                     |                       |                   |  |  |
|---|-----------------|--------------------------|--------------------|---------------------------|---|-----------------------|---------------------|-----------------------|-------------------|--|--|
| 2022 ANNUAL INCOME  |                 |                          |                    |                           |   |                       |                     |                       |                   |  |  |
|   |                 |                          | Father             | ZOZZ AI                   | Mother  |                       |                     |                       |                   |  |  |
| Occupation:   |                 |                          |                    |                           |   |                       |                     |                       |                   |  |  |
| Employer:   |                 |                          |                    |                           |   |                       |                     |                       |                   |  |  |
| Please select one or  | the choices     | below:                   |                    |                           | Please select one of the choices below:   |                       |                     |                       |                   |  |  |
| E 11 T  | NI              | F 11 12                  |                    |                           |   |                       |                     | 5 II (1 6)            |                   |  |  |
| Full-Time<br>employed                                       | Not<br>employed | Full-time<br>family care | Student            | Kollel                    | Full-Time<br>employed   |                       | Not employed        | Full-time family care | Student           |  |  |
| Part-time (less<br>than 30 hrs./wk.)                        | Retired         | Self-<br>Employed        | Disabled           |                           | Part-time (less than 30 hrs./wk.) Retired   |                       | Self-Employed       | Disabled              |                   |  |  |
| What is the value of but not limited to t                   | -               |                          | package (including |                           | What is the value of your total compensation package (including but not limited to the items below)*: |                       |                     |                       |                   |  |  |
| Do you receive W-2  | income?         |                          |                    |                           | Do you receive W-2 income?  |                       |                     |                       |                   |  |  |
| .,  |                 | Amount                   | Com                | ments/Source              |   |                       | Amount              | Comments/Source       |                   |  |  |
| Total Gross W-2 Wa  | ages            |                          |                    |                           | Total Gross W-2 Wag   | Total Gross W.2 Wages |                     |                       |                   |  |  |
|   |                 | above:                   |                    |                           | In addition to gross W-2 income above:  |                       |                     |                       |                   |  |  |
| In addition to gross W-2 income above:                      |                 |                          |                    |                           |   |                       |                     |                       |                   |  |  |
| 401k, IRA, etc. (D)   |                 |                          |                    |                           |   | 11k, IRA, etc. (D)    |                     |                       |                   |  |  |
| FSA, Cafeteria (E )   |                 |                          |                    |                           | FSA, Cafeteria (E )   |                       |                     |                       |                   |  |  |
| Health Benefit (DD)   |                 |                          |                    |                           | Health Benefit (DD)   |                       |                     |                       |                   |  |  |
| Parsonage/Fellowsl  | пр              |                          |                    |                           | Parsonage/ Fellowshi  | ıp                    |                     |                       |                   |  |  |
| Other items employer provides in addition to those included |                 |                          |                    |                           | Other items employer provides in  |                       |                     |                       |                   |  |  |
| above (e.g. housing; auto;                                  |                 |                          |                    |                           | addition to those incl  | luded above (e.g.     |                     |                       |                   |  |  |
| tuition; other)  Other Business Income**                    |                 |                          |                    |                           | housing; auto; tuition; other)  Other Business Income**   |                       |                     |                       |                   |  |  |
| Other Self-Employment**                                     |                 |                          |                    |                           | Other Self-Employme   |                       |                     |                       |                   |  |  |
| Tutoring  |                 |                          |                    |                           | Tutoring  |                       |                     |                       |                   |  |  |
| Interest/Dividend Income                                    |                 |                          |                    |                           | Interest/ Dividend Inc  | come                  |                     |                       |                   |  |  |
| Family Assistance   |                 |                          |                    |                           | Family Assistance   |                       |                     |                       |                   |  |  |
| Capital Gains   |                 |                          |                    | Capital Gains             |   |                       |                     |                       |                   |  |  |
| Other Income*   |                 |                          |                    |                           | Other Income*   |                       |                     |                       |                   |  |  |
|   | mplete incor    | me/compensati            | on information. Pr | ovide details of any othe |   | included on your t    | ax return. **Please | indicate if you pay   | both employer and |  |  |
|   |                 |                          |                    | employee's                | nate of social security.  |                       |                     |                       |                   |  |  |
|   |                 |                          |                    |                           |   |                       |                     |                       |                   |  |  |
|   |                 |                          |                    |                           |   |                       |                     |                       |                   |  |  |
|   |                 |                          |                    |                           |   |                       |                     |                       |                   |  |  |
|   |                 |                          |                    |                           |   |                       |                     |                       |                   |  |  |

## JDBY-YTT FINANCIAL AID APPLICATION FOR 2023-24 SCHOOL YEAR **SECTION 3: INCOME (CONTINUED)** ANTICIPATED 2023 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 Full-time family Full-Time employed family care Student Kollel Full-Time Not employed care Student Self-Part-time (less Part-time (less than 30 hrs./wk.) Self-Employed than 30 hrs./wk.) Retired Employed Disabled Retired Disabled What is the value of your total compensation package (including What is the value of your total compensation package (including but not but not limited to the items below)\*: limited to the items below)\*: Do you receive W-2 income? Do you receive W-2 income? Comments/Source Comments/Source Amount Amount Total Gross W-2 Wages Total Gross W-2 Wages In addition to gross W-2 income above: In addition to gross W-2 income above: 401k, IRA, etc. (D) 401k, IRA, etc. (D) FSA, Cafeteria (E) FSA, Cafeteria (E) Health Benefit (DD) Health Benefit (DD) Parsonage/ Fellowship Parsonage/Fellowship Other items employer provides in addition to those included Other items employer provides in above (e.g. housing; auto; addition to those included above (e.g. tuition; other) 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

Capital Gains

Other Income\*

Family Assistance

Capital Gains

Other Income\*

<sup>\*</sup>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 2021, 2022 and projected 2023 income.

## JDBY-YTT FINANCIAL AID APPLICATION FOR 2023-24 SCHOOL YEAR **SECTION 4: TAX INFORMATION** What is the most recent year for which you've filed a tax return? 20 Please provide a complete copy of your FEDERAL and STATE 2022 tax returns, including all schedules and all pages, W-2's, 1099's, K-1's, and business return, if applicable. 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. for 2022. The committee will provide a temporary assessment. STC INFORMATION For the 23-24 school year? Did you apply for STC funding for the 22-23 school year? Yes No Yes No **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): Cost of college tuition for either parent currently attending college: MONTHLY student loan payments (for parents' education costs): Other monthly loan payments: Charitable contributions per year: Monthly medical insurance premiums: Amount paid by employer: Amount paid by employee: Additional estimated annual out of pocket medical costs, therapies, etc. (co-pays, deductibles, etc): Annual support for children in Kollel: Child 1: \$ Child 2: \$ Other expenses: Other expenses: **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: Monthly payment including tax and Address **Amount Owed** Rent Received insurance Is there any other information the Tuition Committee should take into consideration?