

JDBY-YTT FINANCIAL AID APPLICATION FOR 2024-25 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 2024-25** (pre-nursery - 8th)

Child's Name	2024-25 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: \$16,400; minimum \$4,500.

Full Tuition Per Child	Requested Tuition Rate Per Child (Cannot be less than minimum tuition - \$4,500 per child/\$18,000 family cap)	Scholarship Requested Per Child (Difference between full tuition and what you expect to pay)
\$16,400		

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	2024-25 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?	\$
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SECTION 3: INCOME

2023 ANNUAL INCOME

	Father	Mother
Occupation:		
Employer:		

Please select one of the choices below:

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)*:	What is the value of your total compensation package (items to be detailed below)*:
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Do you receive W-2 income?	Do you receive W-2 income?						
		Amount	Comments/Source			Amount	Comments/Source
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:			
Pre-tax 401k, IRA, etc. contributions (D)				Pre-tax 401k, IRA, etc. contributions (D)			
FSA, Cafeteria (E)				FSA, Cafeteria (E)			
Pre-tax Health Insurance (D)				Pre-tax Health Insurance (D)			
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.

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SECTION 3: INCOME (CONTINUED)

ANTICIPATED 2024 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)*:₪
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Do you receive W-2 income?			Do you receive W-2 income?		
	Amount	Comments/Source		Amount	Comments/Source
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:		
Pre-tax 401k, IRA, etc. contributions (D)			Pre-tax 401k, IRA, etc. contributions (D)		
FSA, Cafeteria (E)			FSA, Cafeteria (E)		
Pre-tax Health Insurance (D)			Pre-tax Health Insurance (D)		
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 2022, 2023 and projected 2024 income.

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SECTION 4: TAX INFORMATION

What is the most recent year for which you've filed a tax return?	20_____
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Please provide a complete copy of your FEDERAL and STATE 2023 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 2023.** 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):	\$
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: \$ _____ Child 3: \$ _____
Other expenses (please explain):	\$
Other expenses (please explain):	\$

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?