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| **C:\Users\tgrimes\Desktop\CBB Vertical Bell Branch 4C_72dpi_sm.jpg** | **Beit HaYeladim Preschool at Congregation B’nai B’rith**  **Financial Aid Application 2019-20** | logoblack |

**Financial Aid Guidelines:**

* Applicants must submit this completed Financial Aid Application along with a completed BHY Registration Form in order for CBB to review your request.
* Applicants must be members in good standing at Congregation B’nai Birth. Exceptions must be reviewed with the Executive Director.
* Financial aid requests must be “last resort” funds, after supplementing assistance provided by family and all other possible resources.
  + Financial aid is awarded for tuition only, ranging from 5% - 25%. (Financial aid is not applied to lunches, registration fees or graduation fees.)
  + If you are requesting more than a 25% scholarship, in addition to this form you must also complete pages 3-4 of this application and attach 2018 tax returns pages 1-2.
* If the student’s schedule changes, your financial aid will be reviewed and may be adjusted.
* If your student moves from the Toddler Program to the PS Program, your financial aid will be adjusted so that your monthly tuition amount remains the same.
* After financial aid is granted, applicants must set up automatic monthly tuition payments on a debit/credit card and your account must be kept current in order to maintain your financial aid status.

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| --- | --- |
| Family Name(s) | Home Phone: |
| Parent/Guardian 1: | Parent/Guardian 2: |
| Cell Phone: | Cell Phone: |
| E-mail: | E-mail: |
| Occupation: | Occupation: |
| Employer: | Employer: |
| **Please indicate your preferred contact and method (Parent 1 or 2 and Home Phone/Cell/Email) (circle one above)** | |

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**\*For different schedules in Summer vs. in September, please**

**complete two separate columns and indicate the different**

**tuition costs for each start date below.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| \*Start date: |  | | \*Start date: |  | | **Your Commitment to BHY & CBB** | |
| Child 1 monthly tuition cost: | | $ | Child 1 monthly tuition cost: | | $ | **BHY tuition** (including lunches, registration, or graduation fees): MONTHLY amount I can pay for the 19/20 school year: |  |
| Child 2 monthly tuition cost: | | $ | Child 2 monthly tuition cost: | | $ | $ |
| Child 3 monthly tuition cost: | | $ | Child 3 monthly tuition cost: | | $ | **Membership/Bldg:** MONTHLY amount I can pay for the 19/20 membership year: | $ |
| Total Tuition (without lunches, registration or graduation fees): | | **$** | Total Tuition (without lunches, registration or graduation fees): | | **$** | **TOTAL MONTHLY BHY TUITION & MEMBERSHIP I AM ABLE TO PAY:**  **(July 2019 – June 2020)** | **$** |

|  |
| --- |
| Please describe the special circumstances that support your request for financial aid this year (unusual expenses, family circumstance, medical, etc.: |
| Please tell us why it is important to you that your child(ren) have a Jewish early childhood education: |

**AGREEMENT:**

1. I hereby certify that all of the information provided in this application is true and accurate.
2. I understand that my ability to receive financial assistance is based on my financial need and is available thanks to the generosity of Congregation B’nai B’rith members who pledge more than standard membership contributions as well as those who contribute to scholarship funds.
3. I commit to pay more if I am able to at any point during the school year and to contribute back to the school in the future, if my finances allow.
4. I agree to keep my financial arrangements with CBB strictly **confidential**. Any breach of confidentiality on my part will result in the immediate dissolution of this agreement.

Parent/Guardian 1 signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian 2 signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Submit this **confidential** application & reg. forms to: Elizabeth Gaynes, Executive Director or drop off in the BHY School office.

Please contact Elizabeth at 964-7869 x111 or [Elizabeth@cbbsb.org](mailto:Elizabeth@cbbsb.org) with any questions or concerns.

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| ***For Committee Use:*** |  | | | |
| Date Received: | | Date Reviewed: | Date Notified: |  |
| Total Tuition (child 1): $ | | Aid Granted: $ | Parent’s Monthly: Tuition | $ |
| Total Tuition (child 2): $ | | Aid Granted: $ | Lunches | $ |
| Total Tuition (child 3): $ | | Aid Granted: $ | Registration | $ |
|  | |  | Grad. Fee/Building Fund | $ |
|  | |  | MONTHLY PAYMENTS: | $ |

* Financial aid is awarded for tuition only, ranging from 5% - 25%. (Financial aid is not applied to lunches, registration fees or graduation fees.)
  + **If you are requesting more than a 25% scholarship, please complete page 3 and 4 of this application and attach pages 1-2 of your household’s 2018 Tax Returns.**

**APPLICATION FOR FINANCIAL AID beyond 25% scholarship limit**

Occupation(s) of Parent(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Household Annual Gross Income\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \* (without deductions as it appears on your federal tax form)

Please attach a separate page if there are additional explanations of special financial circumstances.

Does either parent have additional employment and/or other sources of income, including income that is not required to be reported on the Federal tax return? \_\_\_\_\_\_ If so, how much on a yearly basis? \_\_\_\_\_\_\_\_\_\_\_\_\_ What is the source of this income? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approximate value and general nature of capital assets (savings, real estate, stocks and bonds): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your expected gross income for both parents for next year? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many other children are there in the family? \_\_\_\_\_\_\_\_\_ Ages: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In what school(s) will the other child/ren be enrolled? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount of school fees to be paid for them on a yearly basis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Do you contribute to the support of any other individual? \_\_\_\_\_\_ If so, who and how much on a yearly basis? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any other financial obligations of an unusual nature? \_\_\_\_\_\_ If so, what? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_How much on a yearly basis? \_\_\_\_\_\_\_\_\_\_

Amount paid per month for rent or mortgage and maintenance of home? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount paid per month for car payments? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How much tuition do you feel able to pay each month? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there anything else you feel we should know before evaluating your application for financial aid?

Signature(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_

Send completed application and copy of your most recent Federal Income Tax return(s) for both parents contributing to the child’s expenses to CBB, Attn: Elizabeth Gaynes, electronically at [elizabeth@cbbsb.org](mailto:elizabeth@cbbsb.org).

Tax information will be held as confidential material and will be reviewed by members of the Financial Aid Committee only.