



THE HEBREW ACADEMY OF LONG BEACH

Executive Offices:

132 Spruce Street • Cedarhurst, NY 11516
(516) 791-8200 • Fax (516) 791-8989

FINANCIAL AID PROCEDURE

April 24, 2009

Dear Parents,

Please complete the **entire** Financial Aid form and return it to us by June 30th in order for your application to be considered. **Applications received after June 30th must be accompanied by a \$100 processing fee.**

The following information must be included with your Application:

1. A complete copy of your 2008 Federal Income Tax Return (or 2007 if it is the latest available) with all schedules and W-2's.
2. If you are self-employed, a Business Return must be included.
3. A copy of your latest pay stub (for both parents).
- 4. Current credit report for each parent.**
5. 1st and 2nd Mortgage statement, Home Equity Line Statement, if applicable.
6. Statements from IRA, SEP, Keogh, 401K, 403B and Frequent Flyer Mileage accounts must be included.
7. Any other pertinent information to your case that you feel the committee should know.

Upon receipt we will review the application and respond to you in writing.

If you have any questions, please call me at (516) 791-8200, ext. 102.

Sincerely,

Susie C. Openden
Registrar

3. LOANS

Do you have a second mortgage or home equity/line of credit? YES NO

IF YES: Total Dollar Amount \$ _____ Monthly payments \$ _____

Reason for loan: _____

Do you have any other outstanding loans? YES NO

Credit Card Debt? YES NO

IF YES: From whom: _____

IF YES: Total Amount: \$ _____

Monthly Payments: _____

Interest Rate: _____

Reason for loan: _____

4. Other significant monthly expenses (if any) \$ _____

(do not include tuition or camp) Specify _____

PROJECTED MONTHLY EXPENSES:

FOOD: \$ _____ CLOTHING: \$ _____ MEDICAL: \$ _____ UTILITIES: \$ _____

TELEPHONE: \$ _____ ENTERTAINMENT: \$ _____ DONATIONS: \$ _____

TOTAL MONTHLY EXPENSES \$ _____

INCOME

List all income on an annual basis, whether or not such income is taxable or appears on your tax return.

LAST YEAR

ANTICIPATED THIS YEAR

5. Husband's GROSS earnings		
6. Wife's GROSS earnings		
7. Other household member GROSS earnings		
8. Business Income	a. Gross	
	b. Net	
9. Interest & Dividend Income		
10. Rental Income	a. Gross	
	b. Net	
11. Other Income (Specify)		
12. TOTAL Household Income		

13. Do you receive:

Section 8?	<input type="checkbox"/> YES <input type="checkbox"/> NO	WIC?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Food Stamps?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Medicaid?	<input type="checkbox"/> YES <input type="checkbox"/> NO

14. HOUSING

IF YOU RENT: Monthly rent \$ _____

IF YOU OWN: Monthly mortgage payments \$ _____

Annual real estate taxes \$ _____ TAXES INCLUDED IN MONTHLY MORTGAGE PAYMENT

Is it? Single family Multi-family

Original Purchase Price: \$ _____ Current Mortgage Balance: \$ _____ Number Of Years Left: _____ Interest Rate: _____ %

Do you own a second home or bungalow? YES NO

Original Purchase Price: \$ _____ Current Mortgage Balance: \$ _____ Number Of Years Left: _____ Interest Rate: _____ %

15. Please list all cars you or any family member owns or leases

	MAKE/MODEL/YEAR	TOTAL MONTHLY PAYMENTS (lease, tax, insurance, etc.)	CHECK ONE	
			OWNED	LEASED
CAR #1				
CAR #2				
CAR #3				

16. Market value of other real estate \$ _____

17. Market value of stocks and bonds \$ _____

18. Savings balance/Checking balance \$ _____

19. IRA, Pension Plans, TDA, Keogh Plans, etc. \$ _____

20. Custodial Accounts for children \$ _____

21. Assets held for others in your name \$ _____

22. Frequent Flyer Accounts \$ _____

Mileage Balance (please include statements)

FAMILY EMPLOYMENT

Father:

Occupation: _____

Name of Business: _____

Address: _____

Job Title: _____

Do you or any relative own this business: YES NO

Is it? Corporation Partnership Individual Proprietorship

What does business make or sell? _____

Full Time Part Time _____ hours per week

Phone: _____

City/State/Zip _____

Job Description _____

If owned by relative state relationship: _____

of Employees: _____

Mother:

Occupation: _____

Name of Business: _____

Address: _____

Job Title: _____

Do you or any relative own this business: YES NO

Is it? Corporation Partnership Individual Proprietorship

What does business make or sell? _____

Full Time Part Time _____ hours per week

Phone: _____

City/State/Zip _____

Job Description _____

If owned by relative state relationship: _____

of Employees: _____

23. IF MORE THAN ONE JOB IS HELD BY FAMILY MEMBER, PLEASE INDICATE

Name	Employer	Position	Hours Per Week
_____	_____	_____	_____
_____	_____	_____	_____

24. Where do you spend summers?

List name of bungalow, colony, hotel, etc., location and cost

LAST SUMMER \$ _____ THIS COMING SUMMER \$ _____

25. Did you take any vacation(s) during the last 12 months (include trips or hotel stays over Yom Tov)?

YES NO Where? _____

Total cost (include fare, hotel, food, tips, etc.) \$ _____

26. CAMPS	LAST SUMMER		THIS COMING SUMMER	
CHILD'S NAME	CAMP	TOTAL FEES PAID (including all camp charges)	CAMP	TOTAL FEES PAID (including all camp charges)

27. Has there been any substantial change in your financial situation recently? YES NO

If yes, please explain _____

28. Please indicate any additional information you feel may be relevant on a separate page.

29(a). Amount of full HALB tuition for my children:	\$ _____	NOTE: ALL THREE LINES MUST BE COMPLETED.
29(b) Amount of tuition I request to pay:	\$ _____	
29(c) AMOUNT OF FINANCIAL AID REQUESTED	\$ _____	

**THIS APPLICATION WILL NOT BE PROCESSED WITHOUT THE FOLLOWING:
PLEASE CHECK TO INDICATE THAT YOU HAVE INCLUDED THEM.**

30. COPY OF LAST 2 YEARS 1040 TAX RETURN FILED (INCLUDING ALL KI'S & SELF-EMPLOYMENT RETURNS)

31. COPY OF LATEST PAY STUB(S) FATHER AND MOTHER, WHERE APPLICABLE.

32. COPY OF LATEST MORTGAGE STATEMENTS AND HOME EQUITY LOAN.

I fully understand that my submission of this application represents acknowledgement of certain obligations on my part toward the Yeshiva. I agree that should a grant be awarded, I am hereby obligating myself to assist the committee in its efforts to raise sufficient funds to continue to disburse grants such as mine. Such assistance may take the form of my commitment to raise certain pre-determined sums for the Financial Aid Fund and/or to participate in various fund-raising projects.

I agree that if there is any change in the information contained herein, I will notify the committee, and as a result of said change, the committee may review or change this grant at their discretion and they may add to our tuition obligation.

I understand the school may request a credit report.
The information contained herein is correct to the best of my knowledge and belief

33. Father's Signature _____ Date _____

34. Mothers Signature _____ Date _____

FOR OFFICE USE ONLY

Date Application Received: _____	Date Application Reviewed: _____
Past Year: _____	Present Year: _____
Full Tuition: _____	Full Tuition: _____
Grant Provided: _____	Grant Provided: _____
Balance: _____	Balance: _____

COMMENTS _____

NAME OF EXAMINER (PRINT) _____ DATE _____