



# THE HEBREW ACADEMY OF LONG BEACH

Executive Offices:

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

## FINANCIAL AID PROCEDURE

March 2010

Dear Parents,

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

The following information must be included with your Application:

1. A complete copy of your 2009 Federal Income Tax Return (or 2008 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. 1<sup>st</sup> and 2<sup>nd</sup> 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: \$ _____	<b>NOTE: ALL THREE LINES MUST BE COMPLETED.</b>
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 \_\_\_\_\_