

Ilan High School

TUITION ASSISTANCE APPLICATION

Dear Parents,

Our Tuition Committee is here to help you!

If you are unable to pay the tuition fees listed on your contract, we encourage you to complete this application.

Although it takes time and effort, completing it in its entirety and returning it with the documentation listed allows us to properly evaluate your financial standing and enables us to allocate tuition assistance accordingly.

We ask that all applications be returned by April 1, 2024. After April 1st there will be a \$500 late fee which needs to accompany the application. Your 2023 Tax return is due as soon as it is filed.

All applications and documentation should be sent to 82 Norwood Ave, Deal NJ 07723. Please do not email applications and/or documentation.

If you have any questions, please call 732-663-1150 or email cdavis@ilanhigh.org.

Thank you in advance for your cooperation.

Mandatory Documentation

- Full credit report for both parents.
- Signed copy of your full **personal and business** 2023 federal tax return. All pages including schedules and K-1 forms etc. If your most recent return is not 2023, we will accept the most recent filed federal tax return plus a copy of your most recent pay stubs and 2023 W-2's and/or 1099's. Please note that your 2023 tax return must be submitted when it becomes available.
- Car insurance declaration page & car lease/purchase statement
- Copies of most recent mortgage statement or rent receipt or cancelled checks
- Copies of the last 6 months off all bank statements and credit card statements
- Copies of current tuition contracts and scholarship decisions from other schools.

Name / Address

Family Name	Father's First Name	Mother's First Name	Mothers Maiden Name
Home Address	City, State	Zip Code	E-Mail Address
Home Phone ()	Business Phone ()	Father's Cell ()	Mother's Cell ()

Community Involvement

Synagogue Affiliation	Family Rabbi	Community Center
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Children

Child's Name	Current Grade	Current School	Gross Tuition	Net Tuition After Assistance	Are you current with your payments (Y/N, if No, how much is past due)

Father's Employment

Name of Business		Job Title	Years with company	Phone () Fax ()
Address		City, State		Zip Code
Type of Business () Retail () Wholesale () Professional () Other _____		Names of Owners of Business		
Check benefits your company gives you () Health Insurance \$ _____ () Other _____ \$ _____ and estimate annual cost to your company () Automobile \$ _____ () Tuition \$ _____				
Annual Gross Salary (including commissions)		Bonus		
\$ _____		\$ _____		
Do you hold a second job?	Employer / Address	Position	Hours per week	Weekly Salary

Mother's Employment

Name of Business		Job Title	Years with company	Phone () Fax ()
Address		City, State		Zip Code
Type of Business () Retail () Wholesale () Professional () Other _____		Names of Owners of Business		
Check benefits your company gives you () Health Insurance \$ _____ () Other _____ \$ _____ and estimate annual cost to your company () Automobile \$ _____ () Tuition \$ _____				
Annual Gross Salary (including commissions)		Bonus		
\$ _____		\$ _____		
Do you hold a second job?	Employer / Address	Position	Hours per week	Weekly Salary

Household Help

<input type="checkbox"/> None <input type="checkbox"/> Day Worker _____ Days and hours per week <input type="checkbox"/> Live In	Weekly Household Help Expense \$ _____
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Winter Residence Information

<input type="checkbox"/> own <input type="checkbox"/> rent	Address		Owner Name- if other than you	Years at this home
Year home was purchased	Purchase Price \$	Monthly mtg./rent payment \$	Bank or Mortgage Holder	Years remaining on loan
	Down Payment \$	Principal outstanding \$		
Current market value \$	Type of home () 1 Fam. () 2 Fam. () Apt.		If other than 1 family, income from apartment(s)	

Summer Residence Information

<input type="checkbox"/> own <input type="checkbox"/> rent	Address		Owner Name- if other than you	Years at this home
Year home was purchased	Purchase Price \$	Monthly mtg./rent payment \$	Bank or Mortgage Holder	Years remaining on loan
	Down Payment \$	Principal outstanding \$		
Current market value \$	Type of home () 1 Fam. () 2 Fam. () Apt.		If other than 1 family, income from apartment(s)	

Other Real Estate including Investment Properties (attach separate page if applicable)

Do you rent other property? () Yes () No	Rent per month including utilities \$	For what purpose?		
Do you own other property? () Yes () No	Address, City, State			
Purchase price \$	Down payment \$	Estimated market value \$	Purchase date	Rental income \$

Cars Used in Household

YEAR/MODEL	Year leased or purchased	Purchase price	Lease / loan payment per month	Length of lease / loan in months	Driven by	Company Car Yes / No

Liabilities (attach separate list if necessary)

Creditor	Amount of Liability	Monthly Payments

Assets of All Members of Household

Bank accounts, Bank Name, Account #	Dollar amount
1.	
2.	
3.	
Current Value of Stocks, Mutual funds, Bonds	
Total Retirement Assets (401k, IRA, Keogh)	
Trust accounts held in the children's names	
Real estate (current value of property less balance due on mortgage)	
Cash surrender value of life insurance policies	
Grand Total	

Family Occasions (past 12 months and future plans)

Occasion (Weddings, Bar Mitzvah, etc.)	Reception Hall or Synagogue	Date	Cost of Occasion

Vacations during the past 12 months

Location	Number of family members including parents	Duration	Cost of trip

Summer Camp

Child's Name	Name of Camp 2023	Cost	Name of Camp 2024	Cost

Annual Income

	Husband	Wife
1. Gross income from W-2		
2. Income from other sources (Commissions, Interest, Dividends, Rent, Bonus)		
3. Total of all taxes including FICA		
4. Net disposable income (1+2-3)		

Other Funding (please provide copies of award letters)

Do you receive any of the following subsidies? <input type="checkbox"/> Unemployment <input type="checkbox"/> Disability <input type="checkbox"/> Welfare <input type="checkbox"/> Alimony <input type="checkbox"/> Child Support <input type="checkbox"/> Medicaid <input type="checkbox"/> Food Stamps <input type="checkbox"/> SSI <input type="checkbox"/> Other _____
Do you receive funding from other sources towards tuition?

Expenses

Item	Monthly	Annual
1. Rent or mortgage		
2. Real estate tax (if not included in mortgage)		
3. Home insurance		
4. Electric		
5. Gas or heating oil		
6. Tuition/Education		
7. Car Payments		
8. Automobile insurance		
9. Life Insurance		
10. Health insurance and other medical expenses		
11. Vacation + Summer camp		
12. Cable TV+ Internet service		
13. Telephone		
14. Clothing		
15. Housekeeper (multiply by 52 for annual)		
16. Weekly household expense (multiply by 52 for annual)		
17. Loan payments (include credit cards if balance is from previous year)		
18. Charitable donations, synagogue membership and holiday seats		
19. Taxes – other than real estate tax		
20. Other – Please specify		
TOTAL		

Assistance Requested

Amount you are asking to pay Ilan HS for the 2024-2025 school year. \$
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Personal -Please feel free to include any additional information you would like us to consider.

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Certification and permission to obtain credit information

I give permission for the Ilan High School to obtain my credit report. (In addition to the reports submitted.)

Father's Name	
Social Security #	Date of Birth
Father's Signature	Date

Mother's Name	
Social Security #	Date of Birth
Mother's Signature	Date

We are delighted to announce that scholarships have generously been made available from the Legacy Heritage Fund for the upcoming academic year. A central mission of Legacy Heritage Fund is to support Jewish education in the US. Only families with a documented need for assistance are eligible to receive a scholarship and students receiving financial assistance must be in grades 9-12. These funds may be incremental to the scholarship already being provided to a family.

