

Supplemental Application for Tuition Assistance Hebrew Academy (RASG) 2026-2027

Application number: _____

This is a three (3) page supplemental questionnaire that must be completed in addition to your FACTS Grant & Aid Assessment online application.

In addition to the FACTS Grant & Aid Assessment online application, this questionnaire will be processed by the school's scholarship committee with an anonymous copy (beginning with page 2) forwarded to CAJE for their review and approval if additional scholarship is requested by the school on your behalf.

This application will not be considered unless all questions are answered. If any information is found to be false or misleading, this application will be rejected.

The following items must be furnished along with this application:

1. Individual **income tax return** (IRS form 1040) for the past year **including all schedules, W-2s** (received from employers), **1099s** (received from banks & brokerages, etc) and **K-1s** (received from small business corporations, trusts and investment partnerships).
2. **Brokerage** and **bank statements** for all accounts for the past **six (6) months**.
3. **Paystubs** for the past **three (3) months**.
4. If self employed, **corporate income tax returns** (IRS forms 1120 or 1120-s) for the past year.
5. If self employed, **financial statements** (balance sheet and income statement) from the past year.
6. Signed **IRS form 4506-T** (available online) with social security numbers furnished.

Family Information

Parents Names		
Home Address		
Work Phone (father)	(mother)	
Mobile Phone (father)	(mother)	Email
Father's Occupation		Father
Mother's Occupation		Mother
Father's Employer		
Business Name	Type of Business	Job Title
Mother's Employer		
Business Name	Type of Business	Job Title
Do you or anyone in your family have a financial interest in the company?		

CERTIFICATION AND AUTHORIZATION FOR FINANCIAL DISCLOSURE

I (we) certify that all of the financial information submitted on this application form is accurate and that I (we) will inform the school of any change in status which may occur during the school year.

I hereby authorize **Hebrew Academy (RASG)** to make such credit inquiries as it deems necessary. I (we) hereby direct any and all employers, banks, credit card companies, and credit reporting agencies to release any and all financial information, records, reports and documentation to **Hebrew Academy (RASG)** without limitation until this authorization is revoked in writing by the undersigned. SIGNED:

FATHER

Date

MOTHER

Date

TO BE SUBMITTED TO CAJE Hebrew Academy (RASG)

Application number: _____

Student Enrolled in Our School (No Names)	Amount of Tuition & Fees You Are Paying
Grade Level:	
Grade Level:	
Grade Level:	
Total Amount of Full Tuition:	Total Amount of Tuition You Are Paying:
Total Amount You Are Able to Pay?	

Please Answer the Following Questions as They Apply To Your Situation:	
Other Children <u>Not</u> Attending Our School (Please Do Not Put Any Names In)	
Age Name of School Attending	Tuition & Fees You Are Currently Paying
Child #1	
Child #2	
Child #3	
Total Amounts for Other Education	

Have you applied for any other scholarship in addition to this application? Yes ☐ No ☐
If yes, list the name(s) of the scholarship(s) you have applied for _____

Are you a single parent? Yes ☐ No ☐
If yes, how much alimony or child support are you receiving per year? \$ _____

Are you supported by anyone? Yes ☐ No ☐
If yes, how much outside support are you receiving per year? \$ _____

Are you providing support to a parent or to a former spouse? Yes ☐ No ☐
If yes, how much support are you paying each year? \$ _____

Where will your child(ren) attend summer camp? Yes ☐ No ☐
How much are you paying each year? \$ _____

Do you hold season tickets to theater or sporting events? Yes ☐ No ☐
If yes, how much do you pay each year? \$ _____

Do you have a maid, housekeeper, or live-in help? Yes ☐ No ☐

When did you last leave South Florida and to where? _____

How long and for what purpose did you last leave South Florida? _____

Please disclose any special medical expenses or liabilities: _____

Please disclose any other unusual financial circumstances: _____

Please attach additional schedules if you need additional room for any response

Please provide the following financial information

ASSETS	DESCRIPTION	AMOUNT
Cash on Hand		\$
Cash in Banks & Brokerage Accounts (Provide Banks Names)		\$
Stock/Bonds/Mutual Funds/Notes (Provide Banks Names)		\$
Pension & I.R.A. Accounts (Provide Banks Names)		\$
Real Estate		
Personal Residence		\$
Second Residence		\$
Any other Property		\$
Automobiles		
#1 Make/ Model/ Year		\$
#2 Make/ Model/ Year		\$
Any Other Cars or Boats?		\$
Personal Property		
Home Contents		\$
Jewelry		\$
Cash Value of Life Insurance Policies		\$
Other Assets		\$
FAMILY OTHER INCOME		ANNUAL
Interest & Dividend Income		\$
Disability Benefits		\$
Pension Benefits		\$
Net Rental Income		\$
Alimony Received		\$
Child Support Received		\$
Income from Insurance Benefits		\$
Other Misc. Income		\$
FAMILY OTHER EXPENSES		MONTHLY
Cable Television		\$
Home Repairs & Maintenance		\$
Insurance – House, Life & Disability		\$
Clothing		\$
Housekeeper or Nanny		\$
Synagogues Dues and/or Donations		\$
J.C.C./ Health Club Dues/ Memberships		\$
Pool Care		\$
Entertainment & Vacations		\$
Grooming (hair, nails, cosmetics, etc.)		\$
Pet Expenses		\$
Other		\$