

YESHIVA OF CENTRAL QUEENS

TUITION ASSISTANCE APPLICATION FOR SCHOOL YEAR 2011-12

THIS APPLICATION WILL BE PROCESSED ONLY IF ALL CHILD(REN) IS/ARE FULLY REGISTERED AND REGISTRATION FEE(S) HAVE BEEN PAID. ALL REQUESTED INFORMATION AND DOCUMENTATION MUST BE SUBMITTED. APPLICATION DEADLINE: MAY 16, 2011. APPLICATIONS FOR FINANCIAL ASSISTANCE RECEIVED AFTER THIS DATE MAY NOT BE REVIEWED OR CONSIDERED.

Return application with:

- Completed Federal Tax Return (1040), including all schedules or copy of extension and W-2 forms from all employers for tax year 2009 and for tax year 2010 when available. Must be signed by tax preparer as well as both parents.
- Paystubs from the last four weeks.
- If you own or hold an interest in a partnership or corporation, please submit the appropriate tax returns.
- Current Credit Report from one of the following three agencies:
TRW – (800) 888-4213, Equifax – (800) 685-1111, Experian – (888) 397-3742
- Copy of valid driver’s license and registrations for all vehicles that you own or lease.
- If separated or divorced, submit a complete copy of the divorce decree, separation, or court order of support, verifying the party responsible for payment of tuition.
- Copy of your mortgage statement or rent receipt.
- Copies of all credit card statements for July '10, December '10, January '11 and February '11

Please be sure that all information is complete, accurate, and consistent.
Incomplete or inconsistent applications will not be considered.

The completed application, along with all requested information and documentation must be received by the Business Office no later than May 16, 2011.

INSTRUCTIONS: Answer **ALL** questions. If not applicable, enter 'N/A'. **DO NOT LEAVE ANY BLANK**

A. NAME/ADDRESS

FAMILY NAME	FATHER'S FIRST NAME	MOTHER'S FIRST NAME	MAIDEN NAME
CHILD'S LAST NAME (if different)	FATHER'S SOCIAL SECURITY NUMBER	MOTHER'S SOCIAL SECURITY NUMBER	HOME PHONE ()
HOME ADDRESS	CITY, STATE	ZIP CODE	WORK PHONE ()
FATHER'S E-MAIL ADDRESS		MOTHER'S E-MAIL ADDRESS	

B. NEW STUDENT INFORMATION

CHILD'S NAME 1.	ENTERING GRADE	SCHOOL ATTENDED 2010-11	SCHOOL PHONE - CONTACT	TUITION SEPT. '10	AMOUNT OF ASSISTANCE RECEIVED SEPT. '10
CHILD'S NAME 2.	ENTERING GRADE	SCHOOL ATTENDED 2010-11	SCHOOL PHONE - CONTACT	TUITION SEPT. '10	AMOUNT OF ASSISTANCE RECEIVED SEPT. '10

C. CHILDREN ATTENDING YCQ IN SEPTEMBER, 2011 (beginning with new student)

	CHILD'S NAME	A G E	GRADE SEPTEMBER 2011		CHILD'S NAME	A G E	GRADE SEPTEMBER 2011
1				4			
2				5			
3				6			

D. OTHER DEPENDENT CHILDREN IN FAMILY

TUITION PAID AND ASSISTANCE RECEIVED/EXPECTED

CHILD'S NAME	GRADE	SCHOOL ATTENDING SEPTEMBER 2011	TUITION 2010-11	TUITION 2011-12
			TUITION PAID: ASSISTANCE RCVD:	TUITION TO BE PAID: ASSISTANCE EXPECTED:
			TUITION PAID: ASSISTANCE RCVD:	TUITION TO BE PAID: ASSISTANCE EXPECTED:
			TUITION PAID: ASSISTANCE RCVD:	TUITION TO BE PAID: ASSISTANCE EXPECTED:

E. YESHIVA INFORMATION

FOR HOW MANY YEARS HAVE YOUR CHILDREN ATTENDED YCQ?	HAVE YOU RECEIVED TUITION ASSISTANCE FROM YCQ BEFORE?	IF YES, NUMBER OF YEARS:
ARE YOU A GRADUATE OF YCQ? FATHER: <input type="checkbox"/> YES <input type="checkbox"/> NO YEAR_____ MOTHER: <input type="checkbox"/> YES <input type="checkbox"/> NO YEAR_____		

F. FATHER'S EMPLOYMENT

NAME OF BUSINESS			JOB TITLE	YEARS WITH COMPANY	WORKING HOURS: () FULL TIME () PART TIME	
ADDRESS			PHONE _____ EXT. _____	TYPE OF BUSINESS: () RETAIL () WHOLESALE WHAT DOES THE COMPANY MANUFACTURE OR SELL: _____ () PROFESSIONAL: _____		
RELATIONSHIP TO OWNER, IF ANY			WHAT IS YOUR POSITION: () OWNER () PARTNER () PROFIT SHARER () EMPLOYEE () OTHER _____			
CURRENT SALARY: \$ _____ per year			CASH INCOME: \$ _____ per year			
FOR SELF-EMPLOYED: INDICATE PROFIT OR LOSS FOR MOST RECENT YEAR \$ _____			NUMBER OF EMPLOYEES IN COMPANY: _____			
INDICATE BENEFITS PROVIDED BY YOUR EMPLOYER AND ESTIMATE ANNUAL COST TO YOUR EMPLOYER		<input type="checkbox"/> HEALTH INSURANCE \$ _____		<input type="checkbox"/> OTHER \$ _____		
		<input type="checkbox"/> COMPANY CAR \$ _____		\$ _____		
		<input type="checkbox"/> TUITION REIMBURSEMENTS \$ _____		\$ _____		
DO YOU HOLD A SECOND JOB?	EMPLOYER	POSITION	HOURS PER WEEK	SALARY		
	PHONE # _____					

G. MOTHER'S EMPLOYMENT

NAME OF BUSINESS			JOB TITLE	YEARS WITH COMPANY	WORKING HOURS: () FULL TIME () PART TIME	
ADDRESS			PHONE _____ EXT. _____	TYPE OF BUSINESS: () RETAIL () WHOLESALE WHAT DOES THE COMPANY MANUFACTURE OR SELL: _____ () PROFESSIONAL: _____		
RELATIONSHIP TO OWNER, IF ANY			WHAT IS YOUR POSITION: () OWNER () PARTNER () PROFIT SHARER () EMPLOYEE () OTHER _____			
CURRENT SALARY: \$ _____ per year			CASH INCOME: \$ _____ per year			
FOR SELF-EMPLOYED: INDICATE PROFIT OR LOSS FOR MOST RECENT YEAR \$ _____			NUMBER OF EMPLOYEES IN COMPANY: _____			
INDICATE BENEFITS PROVIDED BY YOUR EMPLOYER AND ESTIMATE ANNUAL COST TO YOUR EMPLOYER		<input type="checkbox"/> HEALTH INSURANCE \$ _____		<input type="checkbox"/> OTHER \$ _____		
		<input type="checkbox"/> COMPANY CAR \$ _____		\$ _____		
		<input type="checkbox"/> TUITION REIMBURSEMENTS \$ _____		\$ _____		
DO YOU HOLD A SECOND JOB?	EMPLOYER	POSITION	HOURS PER WEEK	SALARY		
	PHONE # _____					

L. ASSETS OF ALL MEMBERS OF HOUSEHOLD

BANK ACCOUNTS	BALANCE
1.	
2.	
3.	
TOTAL RETIREMENT ASSETS (401K, IRA, KEOGH)	
CURRENT VALUE OF STOCKS, BONDS AND MUTUAL FUNDS	
REAL ESTATE (INDICATE VALUE OF PROPERTY LESS BALANCE DUE ON MORTGAGES)	
TOTAL	\$

M. LIABILITIES

CREDIT CARDS / HOME EQUITY LOANS	AMOUNT	MONTHLY PAYMENTS

N. ANNUAL INCOME

	HUSBAND	WIFE
GROSS INCOME FROM W-2 FOR 2010		
INCOME FROM OTHER SOURCES (RENT, INTEREST, DIVIDENDS, ETC.)		
TOTAL OF ALL TAXES INCLUDING FICA		
NET DISPOSABLE INCOME		
-		
TOTAL COMBINED NET DISPOSABLE INCOME (HUSBAND + WIFE)		
-		
PROJECTED GROSS INCOME FOR 2011		
-		

O. MISC.

SYNAGOGUE AFFILIATION AND NAME OF RABBI	OTHER COMMUNITY AFFILIATIONS
HOUSEHOLD HELP () NONE () DAY WORKER: _____ DAYS AND HRS PER WEEK () LIVE IN	WEEKLY HOUSEHOLD HELP EXPENSE: \$ _____

ARE YOU PLANNING OR DID YOU MAKE A BAR OR BAT MITZVAH THIS YEAR OR LAST YEAR? YES ____ NO ____
WHERE WAS IT (OR WILL IT BE) HELD? _____

ARE YOU PLANNING OR DID YOU MAKE A WEDDING THIS YEAR OR LAST YEAR ? YES ____ NO ____
WHERE WAS IT (OR WILL IT BE) HELD? _____

CARS USED IN HOUSEHOLD [submit copy of registration(s)]						
YEAR AND MODEL	YEAR BOUGHT OR LEASED	PURCHASE PRICE	LEASE PAYMENT PER MONTH	LENGTH OF LEASE (YEARS)	DRIVEN BY	COMPANY CAR (Y/N)

P. GRANDPARENTS

NAME AND ADDRESS OF PATERNAL GRANDPARENTS	NAME AND ADDRESS OF MATERNAL GRANDPARENTS
OCCUPATIONS OF PATERNAL GRANDPARENTS	OCCUPATIONS OF MATERNAL GRANDPARENTS
CAN GRANDPARENTS PROVIDE ASSISTANCE WITH TUITION? PLEASE EXPLAIN.	

Q. OTHER FUNDING

DO YOU RECEIVE ANY OF THE FOLLOWING SUBSIDIES:
 () SECTION 8 () UNEMPLOYMENT () DISABILITY () SEVERANCE () FOOD STAMPS () WIC () WELFARE
 () OTHER (please specify)
 If Yes, How much \$ _____

DO YOU RECEIVE FUNDING FROM OTHER SOURCES TOWARDS TUITION? (INCLUDING FRIENDS, FAMILY, ORGANIZATIONS)

R. PARENT – VOLUNTEER AVAILABILITY

WOULD YOU BE AVAILABLE TO VOLUNTEER IN THE SCHOOL IF NEEDED?

YES NO DETAILS: _____

