

**YESHIVA OF GREATER WASHINGTON – TIFERES GEDALIAH**  
**Yeshiva Gedolah / Yeshiva College of the Nation's Capital**  
**Tuition Assistance Application 2017 -2018**

The Tuition Assistance Process comprises submission of a FAFSA, VFAO student interview, and this Tuition Assistance Application (see YG Registration Handbook for full details). This application will not be processed until the first two items have been completed.

This completed form may be submitted to YGW by any of the following methods:

Mail to: YGW/Yeshiva Gedolah  
 Attn: YG Administrator  
 1216 Arcola Avenue  
 Silver Spring, MD 20902

Email to: ygoffice@yeshiva.edu

Fax to: 301-649-7053

Financial forms (taxes) must be included with application.

Tuition Assistance Process completion date is June 30, 2017 to enable scholarship awards and completion of Tuition Contracts before the first day of classes.

FAMILY NAME: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_

<i>For Office Use Only</i>		
<b>ITEM</b>	<b>FULL CHARGE</b>	<b>FULL BILLING</b>
Registration Fee	\$	\$
Tuition	\$	\$
Housing	\$	\$
Meal Plan	\$	\$
<b>TOTAL</b>	<b>\$</b>	<b>\$</b>

**SECTION I -- PERSONAL INFORMATION****I.A. Information for Father/Male Guardian**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Years on Job: \_\_\_\_\_ Check Status: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ No. of Hours per Week: \_\_\_\_\_

**I.B. Information for Mother/Female Guardian (Enter "same" as applicable)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Years on Job: \_\_\_\_\_ Check Status: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ No. of Hours per Week: \_\_\_\_\_

**I.C. If either parent has more than one employer, provide additional information below.****SECTION II -- CHILD(REN) INFORMATION****II.A. Custody**

Children Live with: \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_ Other (specify below)

**II.B. Financial Responsibility**

Are both mother and father totally responsible for financial support of all dependent family members:

YES / NO (circle one) If No, please explain exact arrangement below:**II.C. Please complete the following information for all of your children**

Name	Grade in Fall 2017	School 2016-2017 (Provide Name and City, State)	Full Tuition & Fees 2016-2017	Amount Paid 2016-2017	Full Tuition & Fees 2017-2018	Total Obligation 2017-2018
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$

**SECTION III -- INCOME**

**III.A. Parent(s) (or Guardian) Income**

Item	Father/Male Guardian		Mother/Female Guardian	
	Actual 2016	Estimated 2017	Actual 2016	Estimated 2017
Gross Salary and Wages (pre-tax, Including all tax exempt amounts)	\$	\$	\$	\$
Variable Compensation, e.g., bonus, incentive, commission	\$	\$	\$	\$
Interest and Dividends (include tax exempt amounts)	\$	\$	\$	\$
Net Capital Gains and Business Income	\$	\$	\$	\$
Net Rental Income, including room and board fees	\$	\$	\$	\$
Parsonage	\$	\$	\$	\$
Alimony, child support, etc.	\$	\$	\$	\$
Gifts or other private income (e.g.; Grandparents, Foundations, Charities)	\$	\$	\$	\$
Public Assistance (e.g., Food Stamps, WIC, Social Security, SSSI)	\$	\$	\$	\$
Reimbursed Medical Expenses	\$	\$	\$	\$
Other Income (specify)	\$	\$	\$	\$
<b>TOTAL GROSS INCOME</b>	\$	\$	\$	\$
<b>COMBINED GROSS INCOME</b>			<b>2016</b>	<b>2017</b>
(add Father's and Mother's incomes from row above for each year)			\$	\$

**III.B. Child(ren)'s Income**

Provide any yearly children's income. Include all summer, evening, and weekend employment; Social Security benefits; survivor benefits; interest; dividends; gifts; trusts; etc.

Total Yearly Children's Income \$\_\_\_\_\_

**III.C. Non-Recurring Income**

List any non-recurring income (e.g., inheritance, gift, insurance settlement, etc.) greater than \$5000 received by any family members, or other special income not reflected above, for the past five years.

**III.D. Non-Salary Benefits**

Provide any non-salary benefits indicated below:

<b>Benefits</b>	<b>Actual Value 2016</b>	<b>Estimated Value 2017</b>
Parsonage (specify if included as income above)	\$	\$
Car	\$	\$
Subsidized Housing	\$	\$
Tuition Reduction/Offset	\$	\$
Other (specify):	\$	\$

**SECTION IV -- FINANCIAL CONDITION**

**IV.A. Assets**

1. Primary residence (home or apartment)

- a) Do you own your residence?       Yes       No *(skip to item 2)*  
 Year purchased \_\_\_\_\_ Price \$\_\_\_\_\_ Current Value \$\_\_\_\_\_  
 Monthly mortgage payment (PITI) 2016 \$\_\_\_\_\_ 2017 \$\_\_\_\_\_
- b) Has this home been refinanced (including second mortgage or equity loan) since its original purchase?  
 Yes       No  
 Monthly second mortgage:              2016 \$\_\_\_\_\_ 2017 \$\_\_\_\_\_  
 Payment or equity loan payment (if any): \$\_\_\_\_\_  
 Amount of equity withdrawn: \$\_\_\_\_\_
- c) Has this home had any remodeling work done (bathroom, kitchen, addition) since its original purchase?  
 Yes       No *(skip to item 2)*  
 Were funds borrowed?       Yes       No  
 If Yes:      Total Amount of Loan \$\_\_\_\_\_  
                  Amount withdrawn as equity \$\_\_\_\_\_  
                  Cost of remodeling \$\_\_\_\_\_

2. Secondary residence

- a) Do you own a second residence?       No       Yes >> Location \_\_\_\_\_  
 Year purchased \_\_\_\_\_ Price \$\_\_\_\_\_ 2016 Value \$\_\_\_\_\_  
 Monthly mortgage payment (PITI) 2016 \$\_\_\_\_\_ 2017 \$\_\_\_\_\_
- Explain circumstances surrounding ownership of second residence, including any extraordinary expenses, equity loans, remodeling work performed, rental income received, etc.

3. Automobiles

<b>Make/Model</b>	<b>Year</b>	<b>Owned or Leased?</b>	<b>Monthly Payment</b>	<b>Loan Expiration Date</b>
			\$	
			\$	
			\$	

4. Do you own your own business?

\_\_\_\_\_ No

\_\_\_\_\_ Yes >> \_\_\_\_\_ Full Time or \_\_\_\_\_ Part Time: # Hours Per Week

Describe the nature of the business and its location of operation. Please include appropriate Federal Tax schedule.

5. Other Assets

a) Provide the present value of all savings accounts, checking accounts, certificates of deposit, money market accounts, mutual funds, stocks, bonds, trusts, limited partnerships, equity in life insurance and all other assets not included above or in 5b or 5c below, whether owned by parents or dependents. Total Present Value \$ \_\_\_\_\_

b) Provide the present value of any retirement accounts (IRA, Keogh, 401(k), SEP, etc.). Total Present Value \$ \_\_\_\_\_

c) Provide the present value of any investment real estate property. Total Present Value \$ \_\_\_\_\_

**IV.B. Liabilities**

Provide all liabilities (outstanding loans, charge account balances, etc.) except mortgages shown above.

Total Outstanding Balance \$ \_\_\_\_\_ Total Monthly Payment \$ \_\_\_\_\_

**SECTION V -- EXPENSES**

The following information is required for all applicants. Dollar amounts for **ALL** items below **must** be filled in. Please put \$0 if not applicable.

Item <i>Annotate and explain as necessary</i>	ANNUAL (FULL YEAR) COST	
	Actual 2016	Estimated 2017
RENT (not mortgage)	\$	\$
INSURANCE: Life, Medical, Auto, Homeowner's/Renter's	\$	\$
MEDICAL EXPENSES	\$	\$
CAR PAYMENTS	\$	\$
VACATIONS	\$	\$
CAMPS: Day camp / Sleep-away camp (circle which apply)	\$	\$
ENTERTAINMENT	\$	\$
HOUSEHOLD/GARDEN HELP	\$	\$
ALIMONY/SPOUSAL/CHILD SUPPORT	\$	\$
RETIREMENT CONTRIBUTION	\$	\$
CHARITABLE CONTRIBUTIONS	\$	\$
TUITIONS (all)	\$	\$
OTHER (specify)	\$	\$
OTHER (specify)	\$	\$
<b>TOTAL</b>	<b>\$</b>	<b>\$</b>

**SECTION VI -- ATTACHMENTS/DOCUMENTS**

**VI.A. Documents Enclosed**

Please attach a copy of your 2016 Tax return. If not filed please attach 2015 return with the 2016 IRS extension letter.

**VI.B Special Circumstances**

You may submit other special documentation or a letter of explanation if you believe that the information on this form does not adequately describe your family circumstances. If you choose to do so, please list here the additional documents you have attached:

**SECTION VII – PARENTS/GUARDIANS STATEMENTS**

1. I/we have carefully reviewed my/our family resources and believe that the maximum amount I/we can pay to the Yeshiva of Greater Washington (YGW) for the 2017-2018 school year is:

\$\_\_\_\_\_ (annual total)

Further, the maximum amount I/we believe I/we can pay for all my/our children at all schools for 2017-2018 is:

\$\_\_\_\_\_ (annual total)

- 2. I/We certify that the information submitted is accurate and complete to the best of my/our knowledge.
- 3. I/We agree to notify YGW promptly via the Executive Director if my/our financial condition changes, including the receipt of any substantial gifts.
- 4. I/We understand that the YGW Tuition Assistance Committee will coordinate its decisions with financial aid officials of schools my/our other children attend (if any). I/We consent to discussion of this financial aid application with such other school officials and consent to their discussion of the applications they receive with Yeshiva officials, including the reciprocal exchange of information submitted to each school.
- 5. I/We understand that any scholarships or grants not indicated in this application will be used to offset the full tuition and will not be accepted in lieu of my/our tuition obligation. I/We understand that consideration for these other sources of funding will be given at time of application review.

I/We have read, understand and agree to all of the statements above

*This application must be signed by all financially responsible parents/guardians/student.*

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student