

**TUITION ASSISTANCE APPLICATION ADDENDUM 2018-2019 - COMMON FORM**

**Torah School of Greater Washington (FACTS ID 34084) and Yeshiva of Greater Washington (FACTS ID 856)**

**PARENT NAMES**

1) \_\_\_\_\_  
 2) \_\_\_\_\_

**DATE** \_\_\_\_\_

**EDUCATIONAL AND CHILD CARE EXPENSES**

Starting with the oldest, please complete the following information **for each dependent child** as shown on your latest Federal tax return, who is in a child care facility or any educational institution.

Child Name	Academic Year 2017-2018				Academic Year 2018-2019		
	Grade	Institution Name	Full Cost - Tuition, Room and Board (\$)	Total Paid (\$)	Institution Name	Full Cost - Tuition, Room and Board (\$)	Total Offered (\$)
			\$	\$		\$	\$
			\$	\$		\$	\$
			\$	\$		\$	\$
			\$	\$		\$	\$
			\$	\$		\$	\$
			\$	\$		\$	\$
			\$	\$		\$	\$
			\$	\$		\$	\$
			\$	\$		\$	\$

**INCOME INFORMATION**

A. CASH	Please Enter Values (\$) or N/A if Not Applicable		
	2017 Actual	2018 Projected	2019 Forecast
Total Income - IRS Form 1040 Line 22	\$	\$	\$
Retirement Contributions - W2 box 12	\$	\$	\$
Parsonage	\$	\$	\$
Gifts Received	\$	\$	\$
Alimony Received	\$	\$	\$
Child Support Received	\$	\$	\$
Worker's Compensation	\$	\$	\$
Social Security	\$	\$	\$
SSI (Supplemental Security Income)	\$	\$	\$
Disability	\$	\$	\$
TANF (Temporary Assistance for Needy Families)	\$	\$	\$
Unemployment	\$	\$	\$
Other, specify:	\$	\$	\$
<b>TOTAL</b>	\$	\$	\$
<b>B. PAYMENTS IN KIND (free or reduced price goods or services)</b>			
Housing	\$	\$	\$
Food (examples: WIC, SNAP, other sources)	\$	\$	\$
Medical/Insurance (services or insurance)	\$	\$	\$
Other, specify:	\$	\$	\$



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**SUPPLEMENTAL INFORMATION**

1. Did you apply for Maryland BOOST benefits last year      yes / no \_\_\_\_\_  
 If YES, did you receive any      yes / no \_\_\_\_\_  
 If YES, how much did you receive, per child      \$ \_\_\_\_\_

2. Vacations      Annual Cost \$ \_\_\_\_\_      If not self-paid, who paid \_\_\_\_\_

3. Pesach trips/vacation      Cost \$ \_\_\_\_\_      If not self-paid, who paid \_\_\_\_\_

4. Trips to Israel      Total 2017 Cost \$ \_\_\_\_\_      If not self-paid, who paid \_\_\_\_\_

5. Cleaning Help      Annual Cost \$ \_\_\_\_\_      If not self-paid, who paid \_\_\_\_\_

6. Home Improvement      Cost last 5 years \$ \_\_\_\_\_  
 If yes, please describe \_\_\_\_\_

7. Overnight Summer Camp 2017 Total	\$ _____	If not self-paid, who paid	_____
child / cost	\$ _____	child / cost	\$ _____
child / cost	\$ _____	child / cost	\$ _____
child / cost	\$ _____	child / cost	\$ _____
child / cost	\$ _____	child / cost	\$ _____

8. Total Maaser/Tzedakah given in 2017 (Answer Required)      \$ \_\_\_\_\_

9. Additional Information - Please document any additional information that you feel germane to your assessment.  
 For example, eldercare support, unusual work-related expenses, travel costs. If necessary continue on the back.  
 Also continue responses to previous questions here.

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**PARENT SIGNATURES** - Required to process Application. Signatures or typed names with electronic submission certify accuracy of information provided.      1) \_\_\_\_\_  
 2) \_\_\_\_\_