

APPLICATION FOR FINANCIAL ASSISTANCE

LUBAVITCH EDUCATIONAL CENTER

Preschool · Young Division · Elementary School · Middle School
 Klurman Mesivta High School for Boys · Beis Chana High School for Girls

תש"פ - תשפ"א · 2020 - 2021 SCHOOL YEAR:

REQUIRED DOCUMENTS

This application will be processed by Lubavitch Educational Center's Financial Assistance Committee. It will not be considered unless *all* questions are answered. If any information is found to be false or misleading, this application will be rejected. In addition to this application, the following items must be furnished (as applicable):

- Individual Income Tax Return (IRS Form 1040) for each of the past two years
- All schedules
- W-2 forms, received from employer(s)
- Form 1099, received from banks, brokerages and the like
- Form K-1, received from small business corporations, trusts and investment partnerships

PARENT INFORMATION

Parent #1 - Full Name:

Parent #2 - Full Name:

SCHOOL ENROLLMENT FOR 2020 - 2021

List children to be enrolled in Lubavitch Educational Center.

	Full Name	Grade Entering		Full Name	Grade Entering
1			3		
2			4		

List children enrolled in other educational institutions.

	Name	Age	Educational Institution	Total Cost: Tuition + Fees
1				
2				
3				

TOTAL YEARLY TUITION YOU ARE ABLE TO PAY TO L.E.C.: \$

TOTAL YEARLY TUITION FOR CHILDREN IN OTHER EDUCATIONAL INSTITUTIONS FOR 2020/21: \$

ANCILLARY INCOME & EXPENSES

Are you a single parent? Yes No If yes, how much yearly alimony and/or child support do you receive? \$

Are you supported by anyone? Yes No If yes, how much yearly outside support are you receiving? \$

Did your child(ren) attend summer camp? Yes No If yes, how much did you pay? \$

Please disclose any special medical expenses or liabilities, and indicate their combined total.	\$
Please disclose any other unusual financial circumstances, and indicate their combined total.	\$

ASSETS

Please indicate the assets indicated below.	Current Value
Cash in Banks and Brokerage Accounts:	\$
Stock, Bonds, Mutual Funds, Notes:	\$
Pension and I.R.A.'s:	\$
Real Estate: Personal residence	\$
Real Estate: Vacation residence	\$
Real Estate: Other properties	\$
Automobile #1: Make/Model Year:	\$
Automobile #2: Make/Model Year:	\$
Automobile #3: Make/Model Year:	\$
Other assets:	\$
TOTAL VALUE OF ASSETS	\$

LIABILITIES

Please indicate all liabilities and provide name of Lender, Account #, Balance and Minimum Monthly Payment.	Total Liability
Mortgage Loan:	\$
Lender: Acct. #: Balance: Minimum Payment:	
Secondary Mortgage:	\$
Lender: Acct. #: Balance: Minimum Payment:	
Home Equity Loan #1:	\$
Lender: Acct. #: Balance: Minimum Payment:	
Auto Loan #1: Year:	\$
Lender: Acct. #: Balance: Minimum Payment:	
Auto Loan #2: Year:	\$
Lender: Acct. #: Balance: Minimum Payment:	
Installment Loan:	\$
Lender: Acct. #: Balance: Minimum Payment:	
Credit Card Balances:	\$
Card Company: Acct. #: Balance: Minimum Payment:	

Card Company:	Acct. #:	Balance:	Minimum Payment:
Card Company:	Acct. #:	Balance:	Minimum Payment:
Unpaid Judgments or Liens:			\$
Provide Information:			
TOTAL VALUE OF LIABILITIES			\$
NET WORTH (Assets Less Liabilities)			\$

ANNUAL FAMILY INCOME	
Salary - Father:	\$
Salary - Mother:	\$
Self-Employment Income:	\$
Interest and Dividend Income:	\$
Disability Benefits:	\$
Pension Benefits:	\$
Net Rental Income:	\$
Alimony Received:	\$
Child Support Received:	\$
Income from Insurance Benefits:	\$
Judgments Awarded:	\$
Other Miscellaneous Income:	\$
TOTAL INCOME:	\$

MONTHLY FAMILY EXPENSES	
Mortgage Payment (include principal, interest, taxes and insurance) or Rent	\$
Auto Payment (loan or lease)	\$
Credit Card/Installment Loan Payments	\$
Auto Expenses (gas, insurance, repairs)	\$
Utilities - Electricity, Gas, Water/Sewer	\$
Telephone	\$
Cable/Internet Service	
Home Repairs/Maintenance	\$
Food Supplies	\$
Insurance - Health	\$
Insurance - Life and Disability	\$
Maid, Housekeeper, Nanny	\$
Medical and Dental Care	\$
Donations	\$
TOTAL MONTHLY EXPENSES:	\$

CERTIFICATION AND AUTHORIZATION FOR FINANCIAL DISCLOSURE

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

I hereby authorize **LUBAVITCH EDUCATIONAL CENTER** to make credit inquiries as it deems necessary. I 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 **LUBAVITCH EDUCATIONAL CENTER** without limitation, until this authorization is revoked in writing by the undersigned.

SIGNED:

Father

Date

Mother

Date

FOR COMMITTEE USE ONLY

Note: The LEC Financial Assistance Committee must complete the information requested below prior to submission to CAJE.

ANNUAL TUITION IS SET AT \$ _____

A greater allowance has been granted for the following reason(s):

Authorized by Financial Assistance Committee Members:

1) _____ Date: _____
Signature

2) _____ Date: _____
Signature