



**WILLIAM S. MALEV SCHOOLS FOR RELIGIOUS STUDIES
OF CONGREGATION BETH YESHURUN**

**RELIGIOUS SCHOOL/SULAM
KEHILLAH HIGH
4525 BEECHNUT
HOUSTON, TEXAS 77096
713-255-8034 FAX 713-481-9800**

FINANCIAL AID APPLICATION

WHAT WE NEED TO PROCESS THIS APPLICATION

YOU MUST PROVIDE THE FOLLOWING INFORMATION IN ORDER FOR YOUR APPLICATION TO BE PROCESSED:

This application form must be filled out in its entirety, and returned with the forms specified below.

- **IF YOU HAVE FILED A 2019 IRS FORM 1040:**
A complete photocopy of your 2019 Form 1040, 1040A or 1040EZ (as filed with the IRS, with all Schedules, including applicable Schedule K-1; Forms 1065 and/or 1120S, 2019 W-2 Forms, 2019 1099/1099R, and 1098 Forms for any wage-earning adult residing with the applicant(s).
- **IF YOU HAVE NOT YET FILED A 2019 IRS FORM 1040:**
A complete photocopy of your 2018 Form 1040, 1040A or 1040EZ (as filed with the IRS, with all schedules, including applicable Schedule K-1, Forms 1065 and/or 1120S), 2018 W-2 Forms, 2018 1099/1000R and 1098 Forms for any wage-earning adult residing with the applicant(s). **We might contact you for additional information.**
- **IF YOU DO NOT FILE AN IRS FORM 1040 AND RECEIVE ONLY NON-TAXABLE INCOME:**
Photocopies of your Social Services statement (TANF), Food Stamp documentation, Housing Assistance documentation, student loans and/or grant documentation, Social Security income statement showing **TOTAL AMOUNT** received for **ALL** members of the household in 2019.

PLEASE RETURN THE COMPLETED APPLICATION WITH THE REQUIRED IRS FORMS TO THE RELIGIOUS SCHOOL OFFICE BY JUNE 15.

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OF CONGREGATION BETH YESHURUN

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HOUSTON, TEXAS 77096
713-255-8034 FAX 713-481-9800

FINANCIAL AID APPLICATION 2020 - 2021

IMPORTANT: PRINT CLEARLY AND NEATLY WITH A BALL POINT PEN

A PARENT, GUARDIAN OR OTHER ADULT

(residing with student)

Circle one: Father Mother Stepfather Stepmother Other

Last Name First Name MI

Social Security Number Age Cell Phone

Address Apt. #

City State Zip

Occupation/Title/Rank Work Phone

If you are self-employed, check this box and complete Section K of this form. _____
E-mail address

Employed by How long? May we contact you at work if there are questions? Yes No

B PARENT, GUARDIAN OR OTHER ADULT

(residing with student)

Circle one: Father Mother Stepfather Stepmother Other

Last Name First Name MI

Social Security Number Age Cell Phone

Address Apt. #

City State Zip

Occupation/Title/Rank Work Phone

If you are self-employed, check this box and complete Section K of this form. _____
E-mail address

Employed by How long? May we contact you at work if there are questions? Yes No

C HOUSEHOLD INFORMATION

1. Number of individuals who will reside in my/our household during the 2020-2021 school year.

Parents/Guardians _____ Children _____ Other* _____

*If Other, please explain relationship to Parent:

2. Current marital status/housing arrangement of Parent/Guardian A:

- a. Single, never Married d. Divorced* g. Divorced/Remarried
b. Married e. Separated
c. Widowed f. Residing w/Significant Other

3. Current marital status/housing arrangement of Parent/Guardian B:

- a. Single, never Married d. Divorced* g. Divorced/Remarried
b. Married e. Separated
c. Widowed f. Residing w/Significant Other

*If Divorced, Divorced/Remarried, or Separated please complete Section D.

D **DIVORCED OR SEPARATED PARENTS** (TO BE COMPLETED BY PARENT OR GUARDIAN FILING FOR FINANCIAL AID)

A complete and signed copy of your divorce decree must be on file.

1. Date of Separation (Month/Year) _____
 2. Date of Divorce (Month/Year) _____
 3. Non-custodial parent _____
Last name First MI
 4. Do you receive or pay child support?
Receive Pay Neither
 5. Total amount of child support **received** for all children in 2019 by **Parent/Guardian A** and **Parent/Guardian B**.
\$ _____
 6. Total amount of child support **paid** for all children in 2019 by **Parent/Guardian A** and **Parent/Guardian B** \$ _____
 7. Who claimed student as a tax dependent in 2019? _____
 8. According to court order, when will child support end?
(Month/Year) _____
 9. Are there any agreements specifying a contribution for the education of this/these student(s)? Yes No
- If **YES**, how much per year? \$ _____
- If **Yes**, payable by whom? _____

E **STUDENTS**

Please list all students in order of oldest to youngest, for Religious School, Sulam, and Kehillah High.

Student First Name	Student Last Name	MI	Age	Grade in Fall, 2020	Applying for Aid (yes or no)	Amount I/we feel I/we can pay next year toward tuition	Tuition charged yearly per student	Office Use

F **OTHER DEPENDENTS**

Student First Name	Student Last Name	MI	Age	Grade in Fall, 2020	Name of School	Total Tuition	Amount you Pay	Scholarship Received

G TAXABLE INCOME

The 2019 federal tax return for student's household was:

- Filed (complete Sections F, G and K)
 Not filed yet (complete Sections F, G and K and see Required Documentation section)
 I/We do not file. I/We only receive non-taxable income (complete Section G only)

	2019	Estimate 2020
1. Total number of exemptions claimed on Federal Income Tax form:	_____	_____
2. Parent/Guardian A: total taxable income from W-2 wages. (List total for Parent A only).	\$ _____	\$ _____
3. Parent/Guardian B: total taxable income from W-2 wages. (List total for Parent B only).	\$ _____	\$ _____
4. Net business income* from self-employment, farm, rentals, and other businesses. (See 2040 lines 12, 17, 18)	\$ _____	\$ _____

* You must complete Section K

5. Other non-work taxable income from interest, dividends, alimony, unemployment and non-business income. See 1040 lines 8a, 9a, 11, 13, 14, 10b, 16b See 8a-14b	\$ _____	\$ _____
6. Allowable "Adjustments to Income" as reported on your IRS 1040, 1040A or 1040EZ. See 1040 line 35 or 1040A line 20.	\$ _____	\$ _____
7. Total "Adjusted Gross Income" as reported on your IRS 1040, 1040A or 1040EZ. See 1040 line 36 or 1040A line 21.	\$ _____	\$ _____
8. Total Tax Paid as reported on your IRS 1040, 1040A or 1040EZ. See 1040 line 62 or 1040A line 35.	\$ _____	\$ _____
9. Medical/Dental expenses as reported on Schedule A, line 1 of your IRS 1040 form.	\$ _____	\$ _____

H NON-TAXABLE INCOME

List the total **yearly** amount for all recipients in household in 2019, NOT monthly amounts.

10. Child Support	\$ _____ per year
11. Social Security Income (SSI/SSD, etc.)	\$ _____ per year*
12. Student loans and/or grants received for PARENTS' education. (Not college attending dependents or students listed in Section E.)	\$ _____ per year*
13. Other non-taxable income (Workers' Comp, Disability, Pension/Retirement, etc. Identify Sources(s) in Section L)	\$ _____ per year*
14. Additional amounts received as gifts.	\$ _____ per year
15. Total non-taxable income for 2019	\$ _____ per year

I HOUSING INFORMATION

(DO NOT LEAVE BLANK)

Do you rent or own your residence?
 Rent Own (go to line 17)

16. If renting, what is your monthly rental payment?
 \$ _____
 a. Amount paid by household \$ _____ per mo.
 b. Amount paid by other source(s) \$ _____ per mo.
17. If you own your residence:
 a. What is the current market value? \$ _____
 b. What is the amount still owed, including home equity loans? \$ _____
 c. What is your monthly mortgage payment? \$ _____

J ASSETS AND INVESTMENTS (as of 12/31/19)

18. Your amount in cash, checking, and savings accounts \$ _____
19. Total value of money market funds, mutual funds, stocks, bonds, CDs or other securities \$ _____
20. Total value of IRA, Keough, 401K, SEP or other retirement accounts \$ _____
21. If you own real estate other than your primary residence
 a. What is the fair market value? \$ _____
 b. What is the amount still owed? \$ _____
22. Do you own a business? Yes No
 If **yes**, please complete **Section L**
 a. What is the market value of your business? \$ _____
 b. What is the amount still owed? \$ _____

K UNUSUAL CIRCUMSTANCES

Check all that apply to your situation:

- a. Loss of job
 b. Recent Separation/ Divorce
 c. Change in family living status
 d. Bankruptcy
 e. College expenses
 f. Income reduction
 g. Illness or injury
 h. Death in family
 i. Shared custody
 j. High debt
 k. Child support reduction
 l. Medical/Dental expenses
 m. Shared Tuition
 n. Other

Explain all unusual circumstances in the space provided in Section M.

N **CERTIFICATION, AUTHORIZATION AND DOCUMENTATION CHECKLIST**

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YOU MUST PROVIDE THE FOLLOWING INFORMATION IN ORDER FOR YOUR APPLICATION TO BE PROCESSED:

This application form must be filled out in its entirety, ***SIGNED AND DATED BELOW*** by the Parents and/or Guardians listed in Sections A and B, and returned with the forms specified below.

- **IF YOU HAVE FILED A 2019 IRS FORM 1040:**
A complete photocopy of your 2019 Form 1040, 1040A or 1040EZ (as filed with the IRS, with all Schedules, including applicable Schedule K-1; Forms 1065 and/or 1120S, 2019 W-2 Forms, 2019 1099/1099R, and 1098 Forms for any wage-earning adult residing with the applicant(s).
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I declare that the information on this form is true, correct and complete to the best of my knowledge.

Parent/Guardian A _____ Date _____

Parent/Guardian B _____ Date _____

PLEASE RETURN THE COMPLETED APPLICATION WITH THE REQUIRED IRS FORMS TO THE RELIGIOUS SCHOOL OFFICE BY JUNE 15.