



# TORAH DAY SCHOOL OF HOUSTON

10900 Fondren Road • Houston, Texas 77096 • 713-777-2000 • Fax 713-776-0036 • www.tdshouston.org

## TORAH DAY SCHOOL TUITION ASSISTANCE APPLICATION 2010/2011 SCHOOL YEAR

Registration fee must be paid before Tuition Assistance will be considered. All questions must be answered – **incomplete forms will not be considered**. All information will be treated confidentially. **TAX FORM REQUIRED** – All applicants must attach a copy of your signed 2007 IRS 1040, 1040A, or 1040EZ tax forms, thank you for your cooperation.

Date \_\_\_\_\_

Name(s) of student(s) & Ages: \_\_\_\_\_

Address \_\_\_\_\_ City, St, Zip \_\_\_\_\_

Grade in 2010/2011 \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

School which student attended in 2009/2010 \_\_\_\_\_

Tuition subsidies awarded to student applicant in 2009/2010 if any \$ \_\_\_\_\_

If more than one student from your family is applying for tuition Subsidy, complete information below:

Number of children from your family \_\_\_\_\_

CHILD’S NAME	BIRTHDATE	GRADE	PREVIOUS SCHOOL
_____	_____	_____	_____
_____	_____	_____	_____

### FAMILY AND FINANCIAL INFORMATION

Father’s Name \_\_\_\_\_ Mother’s Name \_\_\_\_\_

Synagogue Affiliation \_\_\_\_\_ Annual Dues \$ \_\_\_\_\_

Father’s Occupation \_\_\_\_\_ Mother’s Occupation \_\_\_\_\_

Father’s Employer \_\_\_\_\_ Mother’s Employer \_\_\_\_\_

Years Employed \_\_\_\_\_ Years Employed \_\_\_\_\_

**Current Gross Monthly Salary:** Father \$ \_\_\_\_\_ Mother \$ \_\_\_\_\_

Total adjusted gross income for family in 2009 \$ \_\_\_\_\_

Please list sources and amounts of other income and/or funds (grandparents, trust funds, etc).

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Please list all assets currently owned other than primary residence and one automobile (i.e., boat, second home, other automobile and property, etc.)

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**GENERAL INFORMATION**

Other children or dependents in family:

Name	Age	School	Tuition or Fees paid if private school	If financial assistance has been awarded-list amount
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Please list any unusual circumstances or extraordinary expenses that the Tuition Assistance Committee should know about:

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List names of children who will attend a Jewish day school in 2010/2011

NAME	DAY SCHOOL	TUITION CHARGE
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**Total tuition obligation** \$ \_\_\_\_\_

**Enter amount you could pay toward tuition** \$ \_\_\_\_\_

**Tuition subsidy request** \$ \_\_\_\_\_

Please fill in all areas!

If you have applied for tuition assistance at another school, list the school name:

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Signature \_\_\_\_\_

**OFFICE USE ONLY**

Date application received \_\_\_\_\_ Date fully filled out \_\_\_\_\_

Date Tax form received \_\_\_\_\_ Amount of subsidy \$ \_\_\_\_\_

Consultation with other school(s): if any.

**DATE:**            **WITH WHOM:**            **REMARKS:**    If rejected for subsidy, state reason:

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