



TORAH DAY SCHOOL OF HOUSTON

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

TORAH DAY SCHOOL FINANCIAL AID APPLICATION 2018 - 2019 SCHOOL YEAR

Registration fee must be paid before financial aid will be considered. All questions must be answered – **incomplete forms will be sent back.** All information must be mailed or given to the office in a sealed envelope with all additional documents, and will be treated confidentially. **TAX FORM REQUIRED** – All applicants must attach a copy of your current and previous tax return, if your current return is not available, please submit your current W2 form, thank you for your cooperation.

Date _____

Name(s) of student(s) & ages: _____

Address _____ City, St, Zip _____

Grade in 2017/2018 _____ Home Phone _____

Cell Phone _____ Email _____

School which student attended in 2017/2018 _____

Total tuition payments made in 2017/2018 \$ _____

Tuition subsidies awarded to student applicant in 2017/2018 (if any) \$ _____

Number of children from your family _____ applying for assistance. (please list below)

CHILD’S NAME	BIRTHDATE	GRADE	PREVIOUS SCHOOL
1 _____			
2 _____			
3 _____			
4 _____			
5 _____			

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 _____



Under the Auspices of Merkos L’Inyonei Chinuch • A Beneficiary of the Jewish Federation of Houston
An Affiliate of the United Jewish Campaign • Accredited by Texas Alliance of Accredited Private Schools

Years Employed _____ Years Employed _____

Current Gross Monthly Salary: Father \$ _____ Mother \$ _____

Total adjusted gross income for family in 2016 \$ _____

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

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

GENERAL INFORMATION

Children or dependents in family enrolled in school other than Torah Day School:

Name	Age	Name of School	Tuition or Fees paid if private school	If financial assistance has been awarded-list amount
------	-----	----------------	---	---

Please list any unusual circumstances or extraordinary expenses about which the Tuition Assistance Committee should consider (please attach additional pages as needed):

Total tuition obligation for Torah Day School \$ _____

Enter amount you could pay toward tuition \$ _____

Tuition subsidy request \$ _____

Signature _____

**THIS SECTION MUST BE
FILLED OUT TO BE
CONSIDERED FOR
ASSISTANCE.**

Forms must be placed in a sealed envelope and given to the school office or mailed in to

**Torah Day School
Attention: Financial Aid Committee
10900 Fondren Road
Houston, TX 77096**

OFFICE USE ONLY

Date application received _____

Date fully filled out _____

Date Tax form received _____

Amount of subsidy \$ _____

If rejected for subsidy, state reason:
.....