LUBAVITCH ON THE PALISADES HEBREW SCHOOL

11 Harold St., Tenafly NJ 07670 (201) 871-1152 Fax (201) 871-4181 www.chabadlubavitch.org

Hebrew School Financial Arrangement Request Form

September 2020-June 2021

For Office Use Only: Tuition Description of Payment So	chedule					
Rabbi Sham s signature						
I. Personal Information						
Family Name	Mother	Father				
Address	City	State	Zip Code			
Telephone Number	Email address	S:				
Congregation affiliation:						
Gra Gra Gra	nde entering in Fall '20: nde entering in Fall '20:	_				
-	ther's Occupation:Employer Name:					
Employer Address		•				
StateZip Code	-					
Mother's Occupation: Employer Name: Employer Address City						
		-				
StateZip Code	work phone number					
List children other than those list Name	ed above: Age Day School Att	ending	Grade in 9/16			

1. List all schools from which you received financial assistance (including Lubavitch on the Palisades). Please incluyour bill showing the amount scholarship granted from each school. School Name Scholarship Given Amount of Tuition You Paid 2. Gross Income: Father \$ Mother \$ Mother \$ Please describe. Do you have full or part time domestic help? Which camp(s) did your child(ren) attend last summer? The cost of camp was \$ Do you own your home? Year Purchased Purchase Price \$ Monthly mortgage \$ or rental payment \$ Real estate taxes per year \$ Is there any other pertinent information that would affect your ability to pay full tuition? (Please feel free to add additional pages for this information if necessary.) Please list two references that we may contact regarding your request: 1. Name Relationship Phone Number 2. Name Relationship Phone Number Relationship Phone Number	II. Fin	ancial Data		
2. Gross Income: Father \$ Mother \$ Are there any other benefits (child care, savings plan, insurance, matching funds, etc.) provided through your employer? Please describe Do you have full or part time domestic help? The cost of camp was \$				
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		Number		
Phone Number	2.	Name	Relationship	
		Phone Number		

THIS SECTION MUST BE COMPLETED FOR YOUR APPLICATION TO BE CONSIDERED

Total amount and payment schedule you feel you can afford for tuition: \$_

Scholarship amount requesting \$	Loan amount requesting \$	Are
you willing to donate your services as a volunteer? I	Please describe the areas of your expertise:	
We declare that the information in this applicati	on to the best of our knowledge is accurate and true.	
Signature of both parents	Date	
Hebrew School I	Financial Aid Parent Checklist	
nestew sensor		
DI EACE ENGLIDE THAT VOLULAVE	INCLUDED ALL OF THE FOLLOWING DADEDWI	OD IZ
	INCLUDED ALL OF THE FOLLOWING PAPERWO ON AND KEEP THIS PAGE ONLY FOR YOUR REC	
All of the items below must be included in	in order for your request to be considered	
1 Completed Financial Paguest Fo	orm (completed in its entirety and form is signe	d and
dated).	im (completed in its entirety and form is signe	su anu
duted).		
2. 2018 Federal Tax Return includi	ng all schedules and documentation.	
2 2010 Federal Tay Deturn includi	no all schodules and do aumontation	
3. 2019 Federal Tax Return includi	ng an schedules and documentation.	
4. OPTIONAL: A personal stateme	ent explaining your personal circumstances that	t are not
reflected in your application form.		
Date the application was submitted to L	ubavitch on the Palisades	
T I		

Lubavitch on the Palisades will contact you once we have made a decision concerning your request. Please do not contact our office regarding your request.

No requests will be considered without a completed financial arrangement request form and the above required paperwork.