

For Tuition Committee	
Date / /	Amt.
App. by:	TCA/Assmt.

**Confidential Institutional Scholarship Application
Bais Hamedrash and Mesivta of Baltimore
2019-2020 / 5720**

Please fill in all items on this form. If an item is not applicable to you, please enter "NA" in the space provided. Your application will not be processed if it has incomplete information.

As tuition paying parents ourselves, we understand the difficulty not only of the financial burden that tuition imposes, but the discomfort inherent in the scholarship process. As committee members, we try to balance the difficult task of ensuring that our schools meet their budgetary needs while attempting to minimize the tuition burden on parents as much as possible.

Background:

- Father's name: (Last) _____ (First) _____ Cell _____

Occupation: _____ Employer: _____

EMAIL (important) _____

- Mother's name: (Last) _____ (First) _____ Cell _____

Occupation: _____ Employer: _____

EMAIL (important) _____

- Home Address: _____ Home Phone No. _____

- Family Rav/Shul _____

Please state the reason(s) for your request for an Institutional Scholarship:

Please start with the oldest child and include all children, even those not in school, in the table below:

Child's Name	Age	Grade '19-'20 *	Name of child care facility, school, yeshiva, seminary, or college for '19-'20	Tuition paid In school year '18-'19	Tuition offered for school year '19-'20
1					
2					
3					
4					
5					
6					
7					
8					

* Indicate half day where appropriate

LAST YEAR'S INCOME:	Father	Mother	Total
+ Last Year's (tax year 2018) Total Gross (incl. parsonage)			
- Total Federal Income Tax Paid for '18 (line 63 on Form 1040) *			
- Total State Income Tax Paid for '18 (line 39 Form 502)			
- Self Employment Tax Paid for '18 (line 57 on Form 1040)			
Projected 2019 Annual Income:			
+ Total gross income (include. salary, wages, tips, 401K, etc.)			
+ Business income			
+ Other income (e.g. boarders, apartment)			
+ Other significant sources of funds (e.g. family support, etc.)			
+ WIC and food stamps			
+ Parsonage			
+ Alimony / child support			
+ Interest / Dividends			
= Annual Total:			

Monthly Expenses:

- Monthly mortgage (Prin+Int+Taxes+Ins) or Rent			
- Monthly health insurance premiums you pay			
- Monthly out-of-pocket medical costs (exclude. ins premiums)			
- Monthly car payments (loan, insurance, other)			
- Unusual work related expenses (explain next page)			
-Monthly special education costs (e.g. tutors)			
- Monthly G'mach payments			
- Monthly credit card & other commercial loan payments			
- Monthly alimony and child support payments			
- Monthly support to married children & parents			
- Monthly savings for stocks, bonds, investments.			
- Monthly savings for major simchas (e.g. weddings)			
- Monthly savings for retirement (e.g. IRA, 401K)			
- Monthly charity contributions			
= Monthly Total:			

* This is the amount of taxes actually **paid, not withheld**. Do not include **FICA** taxes on this line.

Have you applied for and received these Tuition Support Opportunities?

Maryland 529 \$_____ Children's Scholarship Fund (City residents only) \$_____

Major Assets:

- Homeowner (1st Home) Purchase date - _____ Original Cost \$ _____ Current Value \$ _____
Balance Due \$ _____
- Homeowner (2nd Home) Purchase date - _____ Original Cost \$ _____ Current Value \$ _____
Balance Due \$ _____
- All Other Real Estate Purchase date - _____ Original Cost \$ _____ Current Value \$ _____
Balance Due \$ _____
- Present value of stocks/bonds/CDs/other investments: \$ _____
- Present value of savings accounts: \$ _____
- Present value of checking accounts: \$ _____

Supplemental Information:

- Home improvements Cost _____ (additions, decks, etc. over the last 3 years).
Description _____ Date _____
- Overnight Summer Camp: If not self-paid, please indicate by whom? _____
Name of child _____ Cost _____ Name of child _____ Cost _____
Name of child _____ Cost _____ Name of child _____ Cost _____
Total Camp Cost.....\$ _____

Other Major Expenditures:

- Total debt (excluding mortgage, home equity and car loans) G'mach \$ _____ CC \$ _____ Family \$ _____
Other \$ _____

Please list / describe below unusual expenses:

Any other information that is important to your request for an Institutional Scholarship (e.g. unusual work related expenses, travel, care of parents, etc.):

PLEASE ATTACH YOUR 2018 FEDERAL INCOME TAX RETURN (WITH ALL SCHEDULES & W-2s) TO THIS APPLICATION. Your application cannot be processed without your complete tax return. If it will be delayed, please send in this form anyway and specify when you expect it to be ready. If the information on this application is different from the tax return, please explain.

SIGNATURE PAGE
(UNSIGNED FORMS WILL BE RETURNED!)

My/our signature(s) below affirm that the information provided on this form is complete and true. I/we agree that a scholarship, if granted, is subject to reconsideration at any time upon a material change in circumstances involving my/our ability to pay and I/we pledge to report such changes of circumstances promptly. I/we grant permission to the tuition committee to contact my/our tax preparer. Name and phone # of your tax preparer: _____

Signature: Father _____ **Date:** _____

Signature: Mother _____ **Date:** _____