

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

Projected 2018 Annual Income:

Subsidy, Medicaid)
= Annual Total:

+ Total adjusted gross income (include. salary, wages, business, etc.) + Other income (e.g. boarders, apartment, Unemployment, Fed/State

Background:

Confidential Tuition Reduction Application
Leo Bernstein Jewish Academy of Fine Arts
2019-2020

Date: ____/ ____/

The LBJA tuition committee understands the discomfort in the scholarship process and is committed to of meeting its fiscal responsibility to the school while also providing tuition reductions through a dignified and minimally invasive process. LBJA tuition is very competitive with area schools and stretches its budget in order to keep tuition low. We ask that applicants consider their needs and provide honest, accurate, and timely information. Please feel free to contact the school with questions.

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 is incomplete.

_____ Cell _____

Occupatio	n:		Employe	r:				
- Home Address:		Home Phone No						
- Mother's name: (Last)		(F			Cell			
Occupatio	n:	Employer:						
- Home Address:		Home Phone No.						
Please state the reason(s) for	your request	for a tuition redu	uction: (Please attach	additional	page if n	necessary)		
Please start with the	oldest child a	nd include all ch	nildren, even those no	t in school	 , in the ta	able below:		
Child's Name	Age	Grade (2019/2020)	Name of child care (school, yeshiva, or			ion paid 018/19)		on offered 018/19)
1								
2 3								
3								
4								
5								
6								
LAST YEAR'S INCOME:			Fat	her	Mothe	er	Total	
+ Last Year's adjusted (20)18) Gross In	come (Form 10	40)					
- Total Federal Income Tax	R Paid for 201	8 (Form 1040)	*					
- Total State Income Tax F	Paid for 2018	(Form 502)						
- Total FICA Tax Paid for 2								
- Self Employment Tax Pa	aid for 2018 (F	Form 1040)						

Monthly Expen	ises:		1	T	<u> </u>		
- Monthly mor	tgage / rent						
- Monthly heal	Ith insurance premiums						
- Monthly out-	of-pocket medical costs (exclude.	ins premiums)					
- Monthly car	payments (loan)						
= Monthly	/ Total:						
* This is the am	nount of taxes actually paid, not w	sithhald. Do not include	EICA taxas on this li	ne			
	nount of taxes actually paid, flot w	<u>numeia.</u> Do <u>not</u> include l	FICA taxes on this in	ne.			
<i>Major Assets:</i> □ Homeowner ((1et Home) Purchase date -	Original Cost \$	Current Valu	<u> ۹</u> ¢			
□ Homeowner (Balance Due: 1	(1st Home) Purchase date2 nd	Mortgage \$H	ELOC \$	——			
□ Homeowner ((2nd Home) Purchase date	Original Cost \$	Current Valu	e \$			
Balance Due: \$	Is this an investment	or rental property?	Annual income?				
□ Present value	e of cash on hand (checking, savin e of investments (stocks, bonds, co e of retirement accounts: ☐ less th	ollege funds, etc): ☐ less	s than \$25K, ☐ \$2 5K	-50K, □ \$50K-1			
□ Number and i	make of automobiles:						
Car # 1 Yr:	Make/Model:	Remaining Loan Balance \$					
		Remaining Loan Balance \$					
Car # 3 Yr:	Make/Model:	Remaining Loan Bala	nce \$				
Credit Card \$	kpenditures: luding mortgage, home equity andStudent Loans \$ Oth scribe below unusual expenses:		\$				
Any other inforn parents, etc.):	nation that is important to your req	uest for a tuition reductio	on (e.g. unusual work	related expens	es, travel, care of		
We feel that we information repo agree to send th	e are able to afford \$ orted is complete and correct. We a he school a copy of our 2018 feder (<u>UNS</u>	_towards our child's LBJ agree to inform the scho ral income tax return if re SIGNATURE SIGNED FORMS WILL B	quested.	o the best of our r changes in our	knowledge the financial status. We		
	Signature: Father		Date: _		-		

Date: ____

Signature: Mother _____