Application for Financial Assistance

Yeshivas Aish Kodesh Talmudical Academy of Norfolk

Personal Information:

612 Colonial Avenue Norfolk, VA 23507 757-623-6070 dwatyak@gmail.com This form must be completed by anyone who wishes to be considered for any type of financial aid or reduction in tuition.

Please note that all applicants will be expected to provide payment on a monthly basis through post-dated checks or credit card, upon receiving their tuition agreement. If payment is coming from a third party, post-dated checks must be provided, with a note attached explaining from whom and when payment will be received. We will hold the checks until that time. Upon receipt of the third party check they will be shredded.

Student's Name: Last:	First:	Middle:	
Social Security Number:			
Address:			
Telephone:			
Date of Birth:			
Is the student a citizen of the United Sta	ntes?		
If no, what is the status of his visa?			
Applicant normally lives with: Both pare	ents		
Other (Please explain):			
FATHER OR GUARDIAN INFORMATION	ON		
Father's Full Name:	Father's Hel	orew Name:	
Home Address:	City/S	State/Zip:	
Home Telephone:	Cell p	hone:	
Occupation / Place of Employment:			
Business Address:			
Email Address:			
MOTHER OR GUARDIAN INFORMATI	ION		
Mother's Full Name:	Mother's	Hebrew Name:	
Home Address:	City/S	State/Zip:	
Home Telephone:	Cell	ohone:	
Occupation / Place of Employment:			
Rusiness Address:	Fmail	Address:	

List Children in Family:

	Name	Age	Check if dependent For income tax purposes.	Check if living with family	Name of present School, college or occupation	Amount paid by Parents current year for tuition (note if Includes room & board.
Applicant:						
Other Children:						

Income and Expense Information (The information in this section is from your most recent tax return.)

Year of most recent tax return:
Total number of exemptions claimed:
Adjusted gross income:
U.S. Income Tax paid:
State and local taxes paid:
Total income earned from work by father:
Total income earned from work by mother:
Untaxed income and benefits:
Social Security Benefits:
Past year's medical and dental expenses not paid by insurance:
Expected taxable and untaxed income and benefits this year:
Student's income past year:
Student's savings and net assets:

Asset information:
Cash, savings and checking account total:
Do you own your home?
If yes, what is it worth now?How much is owed on it?
Do you have any other real estate and investments?
If yes, how much are they worth now?
How much is owed on them?
Do you own a business?
If yes, what is the net asset value?
Additional Factors:
Please explain any unusual circumstances that you feel will affect your ability to contribute financially
toward your son's education. Please feel free to elaborate on a separate sheet if necessary.
Parents' Certification:
We feel that we are able to afford \$ towards our son's tuition, room and board. We have
checked this form for omissions and errors. To the best of our knowledge the information reported is
complete and correct. We agree to inform the school financial aid officer of any major changes in our
financial status if our son is awarded assistance. Further, we agree, if requested, to send to the
school a copy of our latest federal income tax return.
Signatures of both parents and guardians:
Date:

Application should be sent to: Yeshiva Aish Kodesh, 612 Colonial Ave., Norfolk, VA 23507

NOTICE OF NON-DISCRIMINATORY POLICY AS TO STUDENTS

Talmudical Academy of Norfolk admits students of any race, color, national or ethic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic

origin in administration of its educational policies, admissions policies, scholarship and loan programs, athletic and other school
administrated policies.