



MACCABIM HEBREW SCHOOL – 2022-2023 REQUEST FOR FINANCIAL ASSISTANCE

APPLICATION INSTRUCTIONS AND PROCESS:

- Please be sure to sign and return your application with a copy of your most recent Federal Income Tax Return no later than **August 1, 2022**.
- Return this application to: **Maccabim, 3851 White Cloud, Skokie, 60076**.
- Our Scholarship Committee will review your request anonymously and staff will notify you of their decision.
- Awarding a scholarship is contingent on the receipt of all required documentation, as outlined above. (If you are not required to file a tax return you may substitute W-2 forms, 1099 and/or state documentation of unemployment compensation in order to finalize your scholarship. All others must submit their most recent Federal Income Tax Return).

GUIDELINES

- All applications will be treated individually, anonymously and confidentially.
- Financial documentation is required by Maccabim donors to ensure equal consideration scholarship requests.
- All Financial Assistance will be considered on a first-come, first-served basis.
- Applications must be processed and completed, and all required fees must be paid in full, before the school year begins.
- Financial agreement forms must be signed and returned to the Maccabim office before Scholarship can be awarded.



Maccabim Hebrew School, 2022-2023

REQUEST FOR FINANCIAL ASSISTANCE
CONFIDENTIAL

FAMILY INFORMATION

Last Name _____

Address _____ City/State/Zip _____

Home Phone () _____

Parent # 1: Name _____ Cell: _____

Occupation _____

Employer _____

() Full Time () Part Time Hours/Week _____

Parent # 2: Name _____ Cell: _____

Occupation _____

Employer _____

() Full Time () Part Time Hours/Week _____

Marital Status: ___ Single ___ Married ___ Divorced ___ Separated ___

Other _____

Household Makeup (Check all that apply)

___ Parents(1 or 2). ___ Grandparents. ___ # of children in house

Ages of all children's _____

___ Others(# and relationship to applicant): _____



FINANCIAL INFORMATION

(All information must be filled out in order for your request to be considered)

Amount of this year's discount request \$ _____

(this line MUST be filled in)

Have you received Financial Assistance from Maccabim previously?

Yes ____ Year _____ Amount \$ _____

No ____

Total # of Years with Maccabim _____

ANNUAL INCOME 2020.

Do not omit any items; fill in an amount or N/A (not applicable).

Household Annually Gross Wages \$ _____

Bonus/Commissions \$ _____

Unemployment Compensation \$ _____

Child Support \$ _____/yr

Alimony/Maintenance \$ _____

Social Security Benefits \$ _____

Disability Benefits \$ _____

Other income(e.g., rentals, business, grandparent assistance, etc.) \$ _____

TOTAL INCOME: \$ _____

PAYMENTS SCHEDULE

For your convenience, Tuition can be paid in several payments.

please select a preferred payment scheduled:

A) Three (3) equal payments

B) Five (5) equal payments

C) Six (6) equal payments

First & Last Name of Party Responsible for Payment _____

Phone # _____

Relationship to Student _____.



Please explain the family/financial situation that makes it difficult for you to pay the full program fee. Please be specific, as this statement is a critical part of the committee's review process. The more detailed you are, the better the committee can address your needs.

I have checked this application and affirm that the information provided is complete and accurate. I understand that if I am awarded a scholarship, false statements, omissions or misrepresentations on this form may result in revocation of the entire scholarship amount.

Signature of Applicant

Date

PLEASE PROVIDE A COPY OF YOUR RECENT FEDERAL TAX FORMS INCLUDING FORM 1040 AND ANY RELEVANT SCHEDULES WITH THIS FORM BY THE DUE DATE.