



**YESHIVA DERECH HATORAH**  
2810 NOSTRAND AVENUE BROOKLYN, NY 11229  
(718) 258-4441 • FAX (718) 692-2285 • WWW.YDH.ORG



CHARTERED BY THE REGENTS OF THE UNIVERSITY OF THE STATE OF NEW YORK

**2010-2011 SCHOLARSHIP APPLICATION  
FOR ELEMENTARY SCHOOL AND HIGH SCHOOL**

Dear Parents:

**Jacob Aibilevitz**  
*President*

**Dr. Jan Geliebter**  
*Chairman of the Board*

**Arthur Hagler**  
*Executive Director*

•

**Elementary School**

**Rabbi Elimelech Chanales**  
*Principal*

**Yehuda Goldstein**  
*General Studies Principal*

**Sima Schulgasser**  
*Early Childhood Coordinator*

•

**High School**

**Rabbi Yisroel Grossberg**  
*Principal*

**Rabbi Baruch Majerowicz**  
*General Studies Principal*

Enclosed is this year's application for tuition assistance. To simplify the process, you must fill out the application completely, including the two forms at the end of the application. If any question is not applicable to you, please mark it "N/A".

You must submit with your completed application, a **complete** copy of your 2009 Federal Income Tax Return, with all the forms and schedules and copies of all your W-2s. If you have an interest in or own a business, you must also submit a complete copy of your most recent business return. Separated or divorced parents must submit a copy of the divorce decree, separation agreement or other documentation. Parents on public support must provide documentation to that effect.

When your application and all the required supporting documentation are ready, please send it to the Yeshiva to the attention of the "Scholarship Committee". The deadline for submitting your completed application is **July 1, 2010**. Applications submitted after the deadline will be reviewed if scholarship funds are available and not before September.

*If you submit your scholarship application after the deadline, you must submit two monthly checks in the amount of \$975 each, per elementary school child, and \$1,400 each, per high school child, with the application in order to begin the school year. Your application will not be reviewed and your child will not start school without these checks.*

*Please note that registrations submitted after July 1, 2010 will be charged a LATE REGISTRATION FEE.*

The committee will not review any application that is incomplete or any application from parents who have not as yet paid for registration for 2010-2011 or who have balances that are not current.

The committee will review your application and make an award decision that will be mailed to your home. You do not need to make a personal appearance before the committee. If, after you receive the committee's decision, you feel that there is some additional information that the committee should be made aware of, you may contact the Financial Office to set up an appointment to meet with the committee. You should be aware, however, that any scholarship award that you appeal is not guaranteed and the level of assistance the committee may offer you, may, in fact, be reduced following an appeal.

We hope you understand the spirit in which this letter was written and the difficulty in making these very difficult decisions.

Sincerely yours,

The Scholarship Committee

THIS PAGE LEFT INTENTIONALLY BLANK



**YESHIVA DERECH HATORAH  
2010-2011 APPLICATION  
FOR TUITION ASSISTANCE**



**APPLICATION DEADLINE IS:  
JULY 1, 2010**

Name of Parent(s) \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone Father \_\_\_\_\_ Work Phone Mother \_\_\_\_\_

Father's E-Mail \_\_\_\_\_ Mother's E-Mail \_\_\_\_\_

Father's Social Security Number \_\_\_\_\_ Mother's Social Security Number \_\_\_\_\_

Student's Name \_\_\_\_\_ Grade in September 2009 \_\_\_\_\_ Voucher: Yes  No

\_\_\_\_\_ Voucher: Yes  No

\_\_\_\_\_ Voucher: Yes  No

**A current year's Credit Report for both parents from one of the following agencies must be submitted with your scholarship application**

**Equifax - (800) 685-1111 or Experian - (888) 397-3742**

**THESE REPORTS ARE REQUIRED EVEN IF YOU HAVE NO CREDIT OR CREDIT CARDS**

**Amount of Tuition Assistance Requested \$ \_\_\_\_\_**

Indicate **ONLY** the amount of tuition assistance you are requesting for the 2010-2011.

This the amount for the entire year and it is **NOT** the amount that you want to pay.

***This may not be the amount you will be awarded by the Scholarship Committee.***

***All other fees are not eligible for scholarship assistance.***

**Unreasonable requests will be viewed in that manner.**

- A. Your application for tuition assistance must be submitted together with a copy of your FULL 2009 Federal income tax return. W-2 forms alone are NOT ACCEPTABLE. DO NOT SUBMIT THIS APPLICATION WITHOUT A COMPLETE 2009 INCOME TAX RETURN including all schedules and attachments.**
- B. If you have income from a partnership or private corporation, submit copies of their tax returns.**
- C. If separated or divorced, please include a copy of the divorce decree, separation agreement or court order of support. If you are on public support, you must submit documentation.**
- D. No scholarship application will be considered unless your 2009-2010 tuition status is current and you have paid the 2010-2011 registration fee. Please note that the registration fee is not refundable.**
- E. Incomplete applications will not be reviewed.**

**F. Please answer all questions. Enter "none" or "not applicable" where appropriate. All applications for tuition assistance must be submitted by July 1, 2010. Due to the limited scholarship funds available, late applications may be denied tuition assistance.**

**FAMILY INFORMATION.** List the name, age and relationship of each person currently living in your household. Do NOT list any person away from home in the armed forces or attending college.

<u>Name</u>	<u>Age</u>	<u>Relationship to head of household</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

List the name, age, and relationship of dependents NOT living in your household.

<u>Name</u>	<u>Age</u>	<u>Relationship to head of household</u>
_____	_____	_____
_____	_____	_____

Schools attended by your other children who are NOT enrolled at Yeshiva Derech HaTorah. **You must submit copies of the other schools' tuition agreements from last year.**

<u>Name</u>	<u>School</u>	<u>Grade Last Year</u>	<u>Tuition Paid Last Year</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**SECTION 1 - RENTERS ONLY - PLEASE PROVIDE PROOF OF RENT OR COPY OF LEASE**

What is your monthly rent? \$\_\_\_\_\_ Please check if rent includes Gas\_\_\_\_ and/or Electricity\_\_\_\_\_

**SECTION 2 - HOMEOWNERS / CO-OP OWNERS ONLY - PLEASE PROVIDE PROOF OF MORTGAGE PAYMENT**

When was your home purchased?\_\_\_\_\_ Cost \$\_\_\_\_\_ Down Payment \$\_\_\_\_\_

What is your home's Block\_\_\_\_\_ and Lot\_\_\_\_\_ This information can be obtained from your tax bill.

What is your annual property tax? \$\_\_\_\_\_ How much is your home insured for? \$\_\_\_\_\_

What is your outstanding mortgage? \$\_\_\_\_\_ What is your monthly mortgage payment? \$\_\_\_\_\_

Have you recently refinanced your home? Yes\_\_\_\_ No\_\_\_\_ If yes, why?\_\_\_\_\_

How many apartments are in your home? \_\_\_\_\_ What is your gross rental income? \$\_\_\_\_\_

**SECTION 3 - ALL APPLICANTS**

Do you have the services of a maid, housekeeper or babysitter? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, full time\_\_\_\_\_ or part time\_\_\_\_\_ Annual wages paid \$\_\_\_\_\_

Do you have cable or satellite service? Yes\_\_\_\_\_ No\_\_\_\_\_

Do you have a cell phone? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, what is the number?\_\_\_\_\_

Does your spouse have a cell phone? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, what is the number?\_\_\_\_\_

Do any of your children have a cell phone? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, what is the number?\_\_\_\_\_

Do you have internet service? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, what is the monthly cost? \_\_\_\_\_

How many vehicles are owned or leased for the use of your household?\_\_\_\_\_

**SECTION 4 - Please provide a copy of your vehicle registration(s)**

<u>Model</u>	<u>Year</u>	<u>Owned or Leased</u>	<u>Monthly Payments</u>	<u>Balance Owed</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**SECTION 5 - GENERAL QUESTIONS**

Do you have any property (condominium, co-op, etc.) or other real-estate not previously listed? Yes\_\_\_\_\_ No\_\_\_\_\_

Where did your family spend this past year's mid-winter break and Pesach vacation?\_\_\_\_\_

Do you or any member of your family own or rent a second home or other living quarters which you may occupy sometime during the year? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, where?\_\_\_\_\_

What is the market value of any stocks or bonds owned by you or other members of your family? \$\_\_\_\_\_

Have any of your children spent this last year or will spend the coming year studying in Israel? Yes\_\_\_\_\_ No\_\_\_\_\_

Where did you spend Summer 2008?\_\_\_\_\_ Summer 2009?\_\_\_\_\_

For Summer 2010, which camps will your child(ren) attend?\_\_\_\_\_

How much tuition will you be paying or are you paying for the camps for your children? \$\_\_\_\_\_

**SECTION 6 - FAMILY INCOME SECTION**

**6A. - IF SELF-EMPLOYED - EITHER SPOUSE**

Occupation or profession\_\_\_\_\_

If the owner of a business, please indicate if it is a: Corporation\_\_\_\_\_ Partnership\_\_\_\_\_ Sole Proprietor\_\_\_\_\_

Name of Business\_\_\_\_\_ Years owned\_\_\_\_\_

Business Address\_\_\_\_\_ City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

What does the business manufacture, sell or provide?\_\_\_\_\_

Number of employees\_\_\_\_\_ Most recent year profit or loss \$\_\_\_\_\_ **(copy of business return required)**

If spouse is also self-employed, please fill out this information on a additional piece of paper.

**6B. - IF EMPLOYED - HUSBAND**

Husband's Position / Job Title \_\_\_\_\_ Occupation \_\_\_\_\_  
Employer \_\_\_\_\_ Years with Company \_\_\_\_\_  
Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
What does the business manufacture, sell or provide? \_\_\_\_\_  
Is this a family business? Yes \_\_\_\_\_ No \_\_\_\_\_ Does the company provide a car? Yes \_\_\_\_\_ No \_\_\_\_\_  
What is your annual income (salary plus any other income) \$ \_\_\_\_\_ (MUST MATCH W-2 or 1099)

**6C. - IF EMPLOYED - WIFE**

Wife's Position / Job Title \_\_\_\_\_ Occupation \_\_\_\_\_  
Employer \_\_\_\_\_ Years with Company \_\_\_\_\_  
Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
What does the business manufacture, sell or provide? \_\_\_\_\_  
Is this a family business? Yes \_\_\_\_\_ No \_\_\_\_\_ Does the company provide a car? Yes \_\_\_\_\_ No \_\_\_\_\_  
What is your annual income (salary plus any other income) \$ \_\_\_\_\_ (MUST MATCH W-2 or 1099)  
Is this job full time \_\_\_\_\_ or part time \_\_\_\_\_. If part time, how many hours per week? \_\_\_\_\_

Does either spouse hold more than one job? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please indicate below:  
Husband: Employer \_\_\_\_\_ Position \_\_\_\_\_ Hours per week \_\_\_\_\_ Salary \$ \_\_\_\_\_  
Wife: Employer \_\_\_\_\_ Position \_\_\_\_\_ Hours per week \_\_\_\_\_ Salary \$ \_\_\_\_\_

**Section 7 - Income (Do not write "see tax return")**

	<u>Father</u>	<u>Mother</u>
2010 Annual Salary (anticipated)	_____	_____
A. 2009 Annual Salary	_____	_____
B. 2009 Business Income	_____	_____
C. 2009 Interest Income	_____	_____
D. 2009 Dividend Income	_____	_____
E. 2009 Rental Property Income	_____	_____
F. 2009 Capital Gains Income	_____	_____
G. 2009 Other Income	_____	_____
<b>2009 Combined Income (A thru G)</b>	_____	_____
Checking Accounts Total	_____	_____
Savings Accounts Total	_____	_____
Investment Accounts Total (incl. retirement)	_____	_____
Parsonage (if any)	_____	_____

**WARNING: If the total income you are reporting to this committee does not appear sufficient to support your family, you will NOT be awarded a scholarship.**

**Section 8 - Which charities (צדקה) have you made donations to this past year?**

Charity _____	Amount _____
Charity _____	Amount _____
Charity _____	Amount _____
Charity _____	Amount _____

**Section 9 - Government Assistance:** (Please indicate who is the recipient and submit documentation)

Welfare .....	<input type="checkbox"/> yes <input type="checkbox"/> no	If yes, how much monthly \$ _____
Medicaid .....	<input type="checkbox"/> yes <input type="checkbox"/> no	If yes, how much monthly \$ _____
Food Stamps .....	<input type="checkbox"/> yes <input type="checkbox"/> no	If yes, how much monthly \$ _____
Section 8 Housing .....	<input type="checkbox"/> yes <input type="checkbox"/> no	If yes, how much monthly \$ _____
S.S.I. ....	<input type="checkbox"/> yes <input type="checkbox"/> no	If yes, how much monthly \$ _____
Unemployment benefits .....	<input type="checkbox"/> yes <input type="checkbox"/> no	If yes, how much monthly \$ _____
Disability .....	<input type="checkbox"/> yes <input type="checkbox"/> no	If yes, how much monthly \$ _____
Workmen's Compensation .....	<input type="checkbox"/> yes <input type="checkbox"/> no	If yes, how much monthly \$ _____

**→ You must submit copies of your three most recent gas, electric & phone bills ←**

Please list your credit cards (Visa, Master, Amex) limits and current balance owed:

_____	Limit: _____	Balance Owed: _____
_____	Limit: _____	Balance Owed: _____
_____	Limit: _____	Balance Owed: _____

What is the market value of stocks and/or bonds owned by the parents: \$ \_\_\_\_\_

Do you or your spouse have any income that is not reported to the IRS? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list the source(s) of this income and the annual amount(s): \_\_\_\_\_

If there has been an appreciable recent change in your combined family income or expenses, please explain in detail: (attach additional pages, if necessary) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Section 10 - You must complete the attached IRS Form 4506.** Fill in items 1a, 1b, 2a 2b and 3 and be sure to sign the form at the spaces shown. Do not fill out anything else on this form. This form allows the Scholarship Committee to request a copy of the income tax return you filed with the IRS.

<b>Form 4506</b> (Rev. April 2006) Department of the Treasury Internal Revenue Service	<b>Request for Copy of Tax Return</b> ▶ Do not sign this form unless all applicable lines have been completed. Read the instructions on page 2. ▶ Request may be rejected if the form is incomplete, illegible, or any required line was blank at the time of signature.	OMB No. 1545-0429
---	---	-------------------

Tip: You may be able to get your tax return or return information from other sources. If you had your tax return completed by a paid preparer, they should be able to provide you a copy of the return. The IRS can provide a Tax Return Transcript for many returns free of charge. The transcript provides most of the line entries from the tax return and usually contains the information that a third party (such as a mortgage company) requires. See Form 4506-T, Request for Transcript of Tax Return, or you can call 1-800-829-1040 to order a transcript.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return	2b Second social security number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code	
4 Previous address shown on the last return filed if different from line 3	
5 If the tax return is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax return.	

Yeshiva Derech HaTorah, Scholarship Committee, 2810 Nostrand Avenue, Brooklyn, NY 11229

Caution: If a third party requires you to complete Form 4506, do not sign Form 4506 if lines 6 and 7 are blank.

6 Tax return requested (Form 1040, 1120, 941, etc.) and all attachments as originally submitted to the IRS, including Form(s) W-2, schedules, or amended returns. Copies of Forms 1040, 1040A, and 1040EZ are generally available for 7 years from filing before they are destroyed by law. Other returns may be available for a longer period of time. Enter only one return number. If you need more than one type of return, you must complete another Form 4506. <input type="checkbox"/>									
7 Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than eight years or periods, you must attach another Form 4506.									
<table style="width:100%; border: none;"> <tr> <td style="border: none;">/ /</td> <td style="border: none;">/ /</td> <td style="border: none;">/ /</td> <td style="border: none;">/ /</td> </tr> <tr> <td style="border: none;">/ /</td> <td style="border: none;">/ /</td> <td style="border: none;">/ /</td> <td style="border: none;">/ /</td> </tr> </table>	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	
/ /	/ /	/ /	/ /						
/ /	/ /	/ /	/ /						

8 Fee. There is a \$39 fee for each return requested. Full payment must be included with your request or it will be rejected. Make your check or money order payable to "United States Treasury." Enter your SSN or EIN and "Form 4506 request" on your check or money order.	
a Cost for each return	\$ 39.00
b Number of returns requested on line 7	
c Total cost. Multiply line 8a by line 8b	\$

9 If we cannot find the tax return, we will refund the fee. If the refund should go to the third party listed on line 5, check here

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax return requested. If the request applies to a joint return, either husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506 on behalf of the taxpayer.

<b>Sign Here</b>	Signature (see instructions)	Date	Telephone number of taxpayer on line 1a or 2a ( )
	Title (if line 1a above is a corporation, partnership, estate, or trust)		
	Spouse's signature	Date	

## Section 11 - Tuition Assistance Work Activity

**You must complete this form in order  
to be considered for Tuition Assistance**

Family Name \_\_\_\_\_ Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_  
 Address \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone Father \_\_\_\_\_ Cell Phone Mother \_\_\_\_\_

**SCHEDULE** - Please indicate the days and times you are available. You must select at least ***two*** (2) time slots. Do not select days you can not work. If you do not honor the days you have selected, then your scholarship may be reduced or revoked.

	Sun	Mon	Tue	Wed	Thu	Fri
	8:30-12:30	11:15-1:00	11:15-1:00	11:15-1:00	11:15-1:00	10:30-12:15
<b>Father</b>						
<b>Mother</b>						

**We will try to accommodate your day and time requests,  
but the final assignments will be based on the needs of the Yeshiva.**

**The work activity here is considered part of your  
Tuition Assistance application and will be considered  
part of you Tuition Contract.**

**Should you fail to meet either your work  
activity obligations on a regular basis or your payment obligations,  
your Tuition Assistance  
may be reduced or entirely revoked and the entire tuition  
will be immediately due and payable**

**APPLICATION CHECKLIST - DID YOU SUBMIT THE FOLLOWING?**

**IS YOUR 2009-2010 TUITION PAID UP TO DATE? HAVE YOU PAID FOR REGISTRATION FOR 2010-2011?**

**YOUR COMPLETE 2009 TAX RETURN INCLUDING ALL SCHEDULES AND ATTACHMENTS?**

**TUITION AGREEMENTS FOR CHILDREN ATTENDING OTHER SCHOOLS?**

**COPIES OF YOUR THREE MOST RECENT GAS, ELECTRIC AND PHONE BILLS?**

**PROOF OF YOUR MORTGAGE OR RENT PAYMENTS, IF APPLICABLE?**

**YOUR COMPLETE BUSINESS TAX RETURN, IF APPLICABLE?**

**COPIES OF YOUR VEHICLE REGISTRATIONS?**

**HAVE YOU MADE A DAY AND TIME WORK SELECTIONS FROM THE ATTACHED PAGE?**

**STATEMENTS OF REQUEST AND CERTIFICATION - PLEASE READ CAREFULLY AND SIGN**

I herewith affirm that the information contained herein and the documents that I have submitted are true and correct. I am aware of the fact that in the event the school finds this to be untrue, in any aspect, that I will forfeit all financial assistance awarded to me and tuition becomes immediately payable in full. A member of the Scholarship Committee may visit your home during the year.

After the Scholarship Committee has reviewed your application, you will be notified how much assistance, if any, will be made available to you and a contract indicating the amount will be enclosed. **The Scholarship Committee will accept appeals of these decisions only if there are truly exceptional circumstances. Assistance decisions that are appealed are not guaranteed and the level of assistance previously offered, may be either increased or reduced following an appeal.**

Conditions of being awarded a scholarship are as follows: You agree to make yourself available to assist the Yeshiva as a volunteer. You may request which job and time slot but the final decision will be based upon the needs of the school. Should you refuse to assist the Yeshiva when asked or not report for work when scheduled, your scholarship will be revoked and the entire original tuition amount will be immediately due and payable. You also agree to make tuition payments in a timely manner as required and agree that failure to do so is a cause for revocation of your scholarship. All tuition and fee payments are payable and due September 1 of each year. Payment plans are at the complete discretion of the school and do not waive any rights the school would otherwise have. Acceptance of any scholarship or amended scholarship does not change the terms of the conditions of the scholarship. The attendance of your child constitutes legally binding acceptance of the Tuition Contract even if you do not actually sign the contract.

Registration fees are not contingent upon being awarded tuition assistance and are not refundable.

\_\_\_\_\_

Date

\_\_\_\_\_

Father's Signature

\_\_\_\_\_

Mother's Signature

Notice of Non-Discrimination Policy: The school does not discriminate on the basis of race, color, national or ethnic origin in administration of educational policies, admission policies, scholarship or loan programs or other school administrative programs.

**Please Do Not Write Below This Line**

**For Scholarship Committee's Use Only**

Date Received \_\_\_\_\_ 2009-2010 Total Tuition \_\_\_\_\_ 2009-2010 Assistance \_\_\_\_\_  
2010-2011 Tuition Decision \_\_\_\_\_