

2010-2011 SAA Supplemental Application

ALL INFORMATION MUST BE COMPLETE FOR CONSIDERATION

Family Name: _____ Temple # _____ How many in Household? _____

Address: _____ City: _____ Zip: _____

***REQUIRED** Total amount of tuition assistance requested for the students attending SAA \$ _____ or _____ % **REQUIRED**

Have you applied for tuition assistance from Sinai Akiba in past years? (Check one) YES NO

Check here if you authorize release of this application for other Temple tuition assistance opportunities for which you have applied (e.g., membership dues reduction).

SECTION ONE	Grade in Sept. 2010	Currently attending Sinai Akiba? If no, school attending
List all Dependents:		
1.		<input type="checkbox"/> YES <input type="checkbox"/> NO
2.		<input type="checkbox"/> YES <input type="checkbox"/> NO
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO
4.		<input type="checkbox"/> YES <input type="checkbox"/> NO

SECTION TWO

Father's Name

Marital Status: Married Single Widowed Separated Divorced (Single) Divorced (Remarried)

Do you own a business? (Check one) YES NO

If YES, what is your business structure? Sole proprietorship Partnership Corporation

Have you applied for credit or other type of loan or refinancing within the last two (2) years? (Check one) YES NO

Mother's Name

Marital Status: Married Single Widowed Separated Divorced (Single) Divorced (Remarried)

Do you own a business? (Check one) YES NO

If YES, what is your business structure? Sole proprietorship Partnership Corporation

Have you applied for credit or other type of loan or refinancing within the last two (2) years? (Check one) YES NO

(Continued on reverse side of this page.)

Please enter amounts in the spaced provided. Enter zero (0) if no other amount applies. You may be asked to provide official documentation to support this information.

<i>ANNUAL INCOME</i>		<i>2009</i>	<i>Estimated 2010</i>	<i>ANNUAL EXPENSES</i>		<i>2009</i>	<i>Estimated 2010</i>
<i>INCOME</i>				<i>EXPENSES</i>			
W-2 Wage (Father)				Home Mortgage Payments			
W-2 Wage (Mother)				Other Mortgage Payments			
Business profit/loss				Rent			
Dividends/Interest				Home Owner Insurance			
Capital Gains Income				Electricity			
Real Estate Income				Heating			
Trust, Inheritance Income				All Other Utilities/Phone			
Alimony				Housekeeper/Cleaning/Gardener			
Child Support Received				Food/Household			
Gifts/family Assistance				Vacation/Camps/Lessons			
All Other Income * (explain)				All Tuition			
TOTAL INCOME				Medical Expenses* (explain)			
*EXPLANATIONS Other Income: _____ _____ Medical Expenses: _____ _____ Other Loan Expenses: _____ _____ Childcare Expenses: _____ _____ Other Expenses: _____ _____				Health Insurance			
				Life Insurance			
				Vehicle Payments			
				Auto Insurance			
				Gas/Transportation			
				Donations			
				Temple Membership Dues			
				Childcare Expenses			
				Child Support			
				Alimony Paid			
				Social Security Taxes			
				Federal/State Taxes			
				Credit Card Payments			
				Other Loan Expenses* (explain)			
				Other Expenses * (explain)			
Do you expect to pay the Alternative Minimum Tax?							
				TOTAL EXPENSES			

Required:
If expenses exceed income, please explain how you are financing the difference:

TOTAL ASSETS		2009	Estimated 2010	LIABILITIES		2009	Estimated 2010
ASSETS				LIABILITIES			
Real property (Schedule 1)				Mortgage payable (Schedule 1)			
Cash accounts (checking, savings, & money market etc.)				Accounts payable (Schedule 3)			
Retirement savings				Notes payable (Schedule 3)			
Automobiles and equipment				Student loans			
Investments (stocks, bonds mutual funds, etc.) (Schedule 2)				Loans on insurance policies			
Accounts receivable (Schedule 3)				Equity loans			
Notes receivable (Schedule 3)				Personal loans			
Business assets				Credit card balances			
Other assets; cash surrender value of life Insurance, trust funds, etc.				Other liabilities			
TOTAL ASSETS (+)				TOTAL LIABILITIES (-)			
NET WORTH (Assets less Liabilities)							

Schedule 1 Real Estate (include primary home)*

Location Including Acreage or Dimension	Description of Improvements	Year Acquired	Purchase Price	Present Market Value	Unpaid Mortgage	Annual Payments	Annual Rents Received

Schedule 2 Stocks & Bonds*

Original Note Amount	Name of Issuing Company	Cost Per Share	Market Value

Schedule 3 Notes and/or Accounts Receivable and Payable*

Original Note Amount	Due	Payee/Payor	Balance	Monthly Payment	Maturity Date	Collateral
	<input type="checkbox"/> To You <input type="checkbox"/> From You					
	<input type="checkbox"/> To You <input type="checkbox"/> From You					

* If additional space is needed please attach a schedule

VEHICLE INFORMATION		2009	Estimated 2010	2009	Estimated 2010
1. Make/Model			3. Make/Model		
Year			Year		
Estimated Value			Estimated Value		
Debt Outstanding			Debt Outstanding		
Payment			Payment		
2. Make/Model			4. Make/Model		
Year			Year		
Estimated Value			Estimated Value		
Debt Outstanding			Debt Outstanding		
Payment			Payment		

Please note that tuition assistance applicants are required to enroll in the tuition insurance program and to select the monthly payment plan, authorizing automatic withdrawal of the tuition and fees balance.

If you find the tuition assistance offer is insufficient after you have exercised your appeal options and decide that your child(ren) will, therefore, not be returning to Sinai Akiba Academy, the deposit paid under the tuition contract will be refunded provided written notification of your decision is received to the business office no later than fourteen (14) days after receiving the tuition assistance award notification.

NOTE: SINAI TEMPLE MEMBERSHIP IS A REQUIREMENT FOR FAMILIES WITH CHILDREN ENROLLED AT SINAI AKIBA ACADEMY. TO BE CONSIDERED FOR TEMPLE MEMBERSHIP DUES REDUCTION, PLEASE CONTACT RACHEL FELDMAN, MEMBERSHIP DIRECTOR, AT (310) 481-3237 FOR MORE INFORMATION AND TO RECEIVE AN APPLICATION.

We declare that the information reported on this form, on forms submitted to FAST, and all other corresponding documentation and information provided is true and correct. If the information contained in this application, any documents submitted, or information provided by us is materially incorrect we understand that any tuition assistance awarded may be rescinded retroactively and we will have to repay the school immediately. We authorize Sinai Akiba Academy to obtain a credit report from a credit agency or a copy of our Federal Tax Returns if the Academy deems it necessary. We further acknowledge receipt of, understand, and agree to all policies and procedures outlined in the tuition assistance packet. We further agree, as a condition of any tuition assistance, to inform the school of any material changes in the family's situation that may occur following receipt of an award or at any time during the school year.

Signature of Father

Date

Signature of Mother

Date