

DESERT TORAH ACADEMY SCHOLARSHIP APPLICATION

Important Information

***Please provide a copy of last year's tax return or other proof of income**

***All scholarship allocations are subject to review during the school year**

Section One – Your Family

Parent/Guardian 1: Name: _____

Address: _____

Phone: _____
Home Work Cell

Email address: _____

Employer: _____ Position: _____

If unemployed – Date unemployed _____ Does child live with this person? _____

Parent/Guardian 2: Name: _____

Address: _____

Phone: _____
Home Work Cell

Email address: _____

Employer: _____ Position: _____

If unemployed – Date unemployed _____ Does child live with this person? _____

Total household Size: _____ # of Children at home: _____

Section Two – School Information

Student Name	Grade as of 9/19	Age as of 9/19	Gender	Full Tuition – Cost per year
			M F	
			M F	
			M F	
			M F	

Total Family Tuition Cost: _____

Section Three – Financial Information

Family Income/Expense Budget Worksheet – Complete all applicable items

Estimated Monthly Expenses

Rent/Mortgage _____
Assoc. Dues _____
Home taxes _____
Home Insurance _____
Medical expense _____
Credit Card Pmts. _____
Life Insurance _____
Utilities _____
Food/Household _____
School Tuition _____ (your current contribution to school tuition)
Camp Tuition _____ (your current contribution to camp tuition)
Other School Exp _____ (uniforms, supplies, etc)
Misc. expenses: (Please describe)

Estimated Monthly Income

Parent/Guardian #1 Salary/Wages _____
Interest/Dividends received _____
Alimony/Child support received _____
Business income – list business below

Unemployment Income _____
Social Security Income _____
State or Government Assistance _____
Friends/Family Assistance _____
Other Income: (Please describe)

Total Expenses \$ _____

Total Income \$ _____

Monthly Net between Income and Expenses – (subtract expenses from income)

\$ _____

Amount of tuition **Per Month Per Child** you feel you can afford: _____

If your expenses are greater than your income, how do you make up the difference?

Do you see your financial situation changing in the upcoming year? _____ If yes, in what way?

Please provide any other information that may help us evaluate your scholarship request – attach separate pages if necessary.

Parent #1 _____

Date _____

Parent #2 _____

Date _____

Signature

Signature

For Office Use Only

