

# 2010–2011 DAY SCHOOLS GRANT ALLOCATION COMMITTEE INSTRUCTION SHEET FOR APPLICANTS

Please follow these guidelines in order to expedite the scholarship application process.  
Incomplete or incorrect applications may result in delay or rejection.

## \*\*YOUR CHECK LIST MUST ACCOMPANY YOUR APPLICATION\*\*

1. The Community Student Aid Form (application) must be filled out in its entirety. All information must be included and must be up to date. It is both the school's and the applicant's responsibility to see that this is done. **ASK YOUR SCHOOL FOR ASSISTANCE.**
2. No Tax Return Exception: The Committee will consider applications from non-U.S. citizens. A letter from the employer(s) regarding salary/income must accompany the application. Residence address needs to be documented.
3. Only Milwaukee area residents are eligible to apply.
4. All applications become the property of the Day Schools Grant Allocation Committee.
5. All Federal and State tax returns must accompany your application. This includes tax returns for your child(ren), partnership returns, S-corporation returns, and individual business returns. All pages of all forms and tax returns must be included. **Tax return extensions will not be accepted.** To assist you in filing your tax returns on time, an organization called VITA – Volunteer Income Tax Assistance Program – can be contacted at Marquette University or at the University of Wisconsin–Milwaukee. You can also call IRS (1-800-829-1040) and ask for VITA.
6. If applicant is divorced, tax returns for both parents must be included.
7. If applicant has a new spouse, and taxes are filed separately, both tax returns must be included.
8. All schedules and attachments for tax returns must accompany your application.
9. All W-2 forms, for both parents or guardians, must accompany your application.
10. All sources of income must be reported. This includes savings, investments, capital gains and gifts and their values.
11. Loss of income must have accompanying documentation.
12. Pension, retirement accounts, 401Ks and 403Bs must be enumerated.
13. **Divorce decree and settlement information must be included.** Please submit your full divorce decree and amendments, if any. This information will be kept in a locked file in the CJL office to eliminate having to copy it for each year's application. On future applications just note that the decree is "on file." Only new amendments to the decree will need to be submitted with subsequent applications.
14. **NEW REQUEST: Child support information must include what is paid, what is received and what is ordered.**
15. The number of dependents must agree with your tax returns.
16. If dependents, other than children, are to be considered, they must appear on your tax returns.
17. Parsonage information must be included. Your school may have a copy of a Parsonage Booklet from the Rabbinical Association Tax Preparer. In addition, if you go to the IRS website [www.irs.gov/publications/index.html](http://www.irs.gov/publications/index.html) and select Publication 517 pdf version, you will find instructions about Parsonage Allowance on page 8. The entire Publication 517 can be of assistance to you to insure proper, on-time filing. Your tax preparer should also be able to assist you in your parsonage declaration.
18. Be sure you have estimated your income for 2010.
19. The Committee has, at times, averaged income to determine need. Be sure your 2010 estimated income line is filled in. Please explain significant changes.

20. The Committee considers the tax consequences of parsonage, savings, gifts, investments, pensions, retirement accounts, 401Ks, 403Bs, capital assets, and capital losses.
21. The Committee does take extraordinary medical expenses into account. Documentation and related bills must accompany this information. The Committee will give credit for self-employed health insurance. (Deduction must appear on 1040 tax return, page one.) The Committee will also give credit for Schedule A medical expenses in excess of 7.5% of adjusted gross income.
22. The Committee does take into account other schools your children are attending, e.g. universities and/or other schools. The **Student/Sibling School Attending Form** must be completely filled in for each dependent and copies of tuition bills must accompany this application. The Committee will also consider parents' tuition costs and retraining costs. Continuing education costs will not be considered. Copies of tuition bills and 1098 forms (form for tuition payments) must accompany application if you want the Committee to consider these costs in their deliberations.
23. Day care and preschool tuition are taken into consideration. Tuition bills, monthly and/or annual, must be submitted with the **Nursery School/Child Care/Babysitter Form**. These should be for the current year.
24. The Committee does not take the following into consideration:
  - Orthodontic expenses
  - Medical insurance and deductibles
  - General medical, dental and optical checkups, co-pays, premiums and out-of-pocket expenses
25. The Committee will take camp expenses into consideration if both parents are working. Single-parent households will also be considered.
26. The Committee will not fund CHOICE students.

**APPLICATION CHECKLIST**  
**(to be completed by the applicant)**

**Please be sure you check off every item on this list.**

**The Day Schools Grant Allocation Committee will not consider the application if items are missing.**

- \_\_\_ All pages of the application are complete
- \_\_\_ A separate page for each child listed on the 1040 tax form has been completed (whether it is a Student/Sibling School Attending Form or a Nursery School/Child Care/Babysitter Form)
- \_\_\_ All gifts and/or assistance from others has been included on page 3 of the application
- \_\_\_ Any unusual or extenuating family circumstances have been thoroughly explained and any documentation is included
- \_\_\_ Complete copies of your Federal and State tax returns and ALL supporting schedules and forms are included
- \_\_\_ Complete copies of any Partnership and S-Corporation tax returns and ALL supporting schedules and forms are included
- \_\_\_ Copies of ALL W-2 forms are included
- \_\_\_ Copies of all invoices showing tuition paid are included (including Keshet invoices)
- \_\_\_ Copies of all invoices for daycare, child care and/or nursery school are included
- \_\_\_ Copies of all camp invoices are included (when camp substitutes for child care)
- \_\_\_ All blanks are complete on the application – if the figure is \$0, please enter 0 – do not leave the line blank

**Do not submit your application without this completed checklist.**

# COMMUNITY STUDENT AID FORM

Please fill out and return this form, *in its entirety*, with your completed **federal and state income tax returns for the year 2009. All W-2 forms, partnership returns, S-corporation returns, individual business returns, and all schedules and all other attachments for these returns must accompany this application in their entirety. IT IS THE APPLICANT'S RESPONSIBILITY TO SUBMIT A COMPLETE APPLICATION.** Otherwise, this application will not be considered.

ALL SUBMISSIONS BECOME THE PROPERTY OF THE DAY SCHOOLS GRANT ALLOCATION COMMITTEE.

This application is for the academic year 2010-11.

Application Number \_\_\_\_\_  
*(School office use only)*

Today's date: \_\_\_\_\_

## A. PERSONAL

Student name (first & last) \_\_\_\_\_ 2009-10 Grade: \_\_\_\_\_ 2010-11 Grade: \_\_\_\_\_

Student name (first & last) \_\_\_\_\_ 2009-10 Grade: \_\_\_\_\_ 2010-11 Grade: \_\_\_\_\_

Student name (first & last) \_\_\_\_\_ 2009-10 Grade: \_\_\_\_\_ 2010-11 Grade: \_\_\_\_\_

Student name (first & last) \_\_\_\_\_ 2009-10 Grade: \_\_\_\_\_ 2010-11 Grade: \_\_\_\_\_

Student name (first & last) \_\_\_\_\_ 2009-10 Grade: \_\_\_\_\_ 2010-11 Grade: \_\_\_\_\_

Student name (first & last) \_\_\_\_\_ 2009-10 Grade: \_\_\_\_\_ 2010-11 Grade: \_\_\_\_\_

### Financially responsible parent/guardian:

*Check one:*

Mother  Father  Stepmother  
 Stepfather  Other \_\_\_\_\_  
*(please specify)*

\_\_\_\_\_  
Name of financially responsible parent/guardian

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip code

E-mail address: \_\_\_\_\_

Phone: Day \_\_\_\_\_

Evening \_\_\_\_\_

\_\_\_\_\_  
Occupation/Title Occupation/Title

\_\_\_\_\_  
Employer

### Financially responsible parent/guardian:

*Check one:*

Mother  Father  Stepmother  
 Stepfather  Other \_\_\_\_\_  
*(please specify)*

\_\_\_\_\_  
Name of financially responsible parent/guardian

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip code

E-mail address: \_\_\_\_\_

Phone: Day \_\_\_\_\_

Evening \_\_\_\_\_

\_\_\_\_\_  
Occupation/Title Occupation/Title

\_\_\_\_\_  
Employer

Parents' certification and authorization: We declare that the information on this form and the accompanying attachments — to the best of our knowledge — is true, correct and complete. **Signature of financially responsible parent(s)/guardian(s):**

\_\_\_\_\_  
Signature and Date

\_\_\_\_\_  
Signature and Date

**B. FAMILY INFORMATION**

1. Parents' marital status: \_\_\_\_\_ Single/Widowed \_\_\_\_\_ Married \_\_\_\_\_ Divorced  
(Guardians) \_\_\_\_\_ Separated \_\_\_\_\_ Both Deceased
2. Do you reside in the Milwaukee area? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Size of family: number of family members in the household for the school year 2010-2011.  
Number of adults: \_\_\_\_\_ Number of dependent children: \_\_\_\_\_ **(must equal line 6C of your 1040 tax form)**  
Number of children enrolled at MJDS: \_\_\_\_\_
4. Are you an employee of MJDS? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what does the school charge you for your student(s) tuition? \$ \_\_\_\_\_ per student
5. What grade will each child in the family enter in September, 2010?  
Student 1: \_\_\_\_\_ Student 2: \_\_\_\_\_ Student 3: \_\_\_\_\_  
Student 4: \_\_\_\_\_ Student 5: \_\_\_\_\_ Student 6: \_\_\_\_\_
6. What was the tuition paid to MJDS by your family for the academic year 2009–2010? \$ \_\_\_\_\_  
What other fees were paid (e.g. bus, materials)? Fee: \$ \_\_\_\_\_ Items: \_\_\_\_\_
7. The charts that are used to record the number of dependent children attending various schools and child care are on **pages 6 and 7 of this application**. **Copies of tuition bills and paid bills must accompany this application.**

**C. FAMILY FINANCIAL PLANNING**

**Income earned in 2009 \***

**Estimated in 2010 \*\***

(Some of the following items may not appear on your income tax return)

1. Financially responsible adult (Father, Stepfather, Male guardian)	_____	_____
2. Financially responsible adult (Mother, Stepmother, Female guardian)	_____	_____
3. Dividends and Interest Income	_____	_____
4. Capital Gains	_____	_____
5. Net income from business, real estate, rents (Must submit: Schedule C or Schedule E, partnership or corporate forms)	_____	_____
6. Cash distribution from pass-through entities (Partnerships, LLC's, and S-Corps)	_____	_____
7. Cash distributions from trusts	_____	_____
8. Child support ***	_____	_____
<b>Amount paid</b>	_____	_____
<b>Amount received</b>	_____	_____
<b>Amount ordered</b>	_____	_____
9. Government Assistance	_____	_____
9a. Benefits for dependents through the military	_____	_____
10. Social Security	_____	_____
11. Parsonage subsidy	_____	_____
12. Alimony received	_____	_____
13. Other income including cash (specify)	_____	_____
14. Gifts or support from other family members (e.g. parents, grandparents, others)	_____	_____
15. Expenses paid by someone other than a parent	_____	_____
16. Trusts and other assets in children's names (funded by parent) ****	_____	_____
17. Trusts and other assets in children's names (funded by other than parent) ****	_____	_____
<b>Total Income</b> (Lines 1-17)	_____	_____

\* Please explain significant variances from last year's estimate, in writing, after Section B item 7.

\*\* Please explain any significant changes, in writing, after Section B item 7.

\*\*\* If there is only a temporary court order, please include the amount.

\*\*\*\* Any trust established for the child(ren) specifically, or that could be used by the child(ren) for education purposes.

**C. FAMILY FINANCIAL PLANNING (continued)**

List, below, parents' assets and obligations as of \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month day year

**Assets and Obligations:**

Do you own your own home? Yes \_\_\_\_ No \_\_\_\_

Monthly rent/mortgage: \$ \_\_\_\_\_

In what year was it purchased? \_\_\_\_\_

Purchase price: \$ \_\_\_\_\_

Outstanding mortgage balance: \$ \_\_\_\_\_

Yearly Property taxes: \$ \_\_\_\_\_

Outstanding loans (e.g. autos, home repairs, etc.): (Please insert an additional sheet to list more loans.)

Balance	Purpose	Loan Duration	Monthly Payment
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Automobiles (make, model, year):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Cash: \$ \_\_\_\_\_

Checking: \$ \_\_\_\_\_

Savings: \$ \_\_\_\_\_

Stocks/Bonds: \$ \_\_\_\_\_

401Ks: \$ \_\_\_\_\_

403Bs: \$ \_\_\_\_\_

Retirement Assets (e.g. IRA): \$ \_\_\_\_\_

Trusts: \$ \_\_\_\_\_

\$ \_\_\_\_\_

529 Plans (Education Savings): \$ \_\_\_\_\_

**C. FAMILY FINANCIAL PLANNING (continued)**

Please explain and document any **extraordinary** medical expenses other than co-pays, premiums and out-of-pocket expenses (**see Instructions 21 and 24**) as well as any other extraordinary family circumstances.

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**D. IN THE CASE OF DIVORCE:** The Committee must be provided with all of the details regarding support, including any support from a parent not financially responsible for day school education costs. Tax returns of both parents must be included. Where there is a new spouse filing separately, that return must also be included.

**E. EXTENUATING CIRCUMSTANCES:** Please submit additional information that should be considered in determining a scholarship and furnish documentation to support it (financial receipts, statements, and/or canceled checks). **IF YOU DO NOT VERIFY YOUR EXTENUATING CIRCUMSTANCES WITH ACTUAL DOCUMENTS, THE COMMITTEE WILL NOT CONSIDER THEM.**

**Student/Sibling School Attending Form**

The information requested on this page pertains to only one student or sibling. Please fill out this form completely. Assign a number (e.g. 1,2,3 ...) to each of your children. You will need to print as many forms per family as needed. Do not put student's name in the Student line. **Copies of tuition bills must accompany this application.** Scholarship amount and actual tuition paid must be completed.

Child # \_\_\_\_\_ Age \_\_\_\_\_ Grade in 2010-11 \_\_\_\_\_ Grade in 2009-10 \_\_\_\_\_

Name of School Attending \_\_\_\_\_

Address of School \_\_\_\_\_  
\_\_\_\_\_

Full Tuition charge for 2010-2011 \_\_\_\_\_

Full tuition charged for 2009-2010 \_\_\_\_\_

Tuition Paid for 2009-2010 \_\_\_\_\_

Scholarship Amount 2009-2010 \_\_\_\_\_

Are any of the school expenses (all or in part) paid by someone not a parent? Yes \_\_\_ No \_\_\_  
If yes, please specify amount. \_\_\_\_\_

Do you file a tax return for this student? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, attach a copy of the return to this application.

Are you an employee of this school? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what does the school charge you for this student's tuition? \_\_\_\_\_

What fees did you pay to this school in 2009-2010? (e.g. bus, materials, registration, activity, physical education, etc.) \_\_\_\_\_

**NURSERY SCHOOL/CHILD CARE/ BABYSITTER FORM**

The information requested on this form is for children and siblings who receive child care. Please fill out this form completely. Assign a number (e.g. 1,2,3 ...) to each of your children attending child care. Do not put child's name in the Child# line. If more than one nursery school or child care giver is used, please submit forms for each of these. **Copies of bills and payments must accompany this application.**

**Current Information:**

Name of Nursery School/Child Care Provider/Babysitter \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_

**How many children use this service?** \_\_\_\_\_

Child # _____	Age _____
Child # _____	Age _____
Child # _____	Age _____
Child # _____	Age _____

**What do you pay per child per month?**

**Full time**

**Part time**

Child # _____	_____	_____
Child # _____	_____	_____
Child # _____	_____	_____
Child # _____	_____	_____

**What do you pay per child annually?**

**Full time**

**Part time**

Child # _____	_____	_____
Child # _____	_____	_____
Child # _____	_____	_____
Child # _____	_____	_____

Are any of these expenses (all or in part) paid by someone not a parent? Yes \_\_\_ No \_\_\_  
 If yes, please specify amount. \_\_\_\_\_

Do you file a tax return for the(se) student(s)? Yes \_\_\_ No \_\_\_ If yes, attach a copy of the return(s) to this application.

Are you an employee of this school? Yes \_\_\_ No \_\_\_  
 If yes, what does the school charge you for this student's tuition? \_\_\_\_\_

What fees did you pay to this school in 2009-2010? (e.g. bus, materials, registration, activity, physical education, etc.)  
 \_\_\_\_\_