

Bais Yaakov of Boston Scholarship application

2024-2025 תשפ"ד-תשפ" ה

Father's Name	Address					
City, State, Zip	Phone					
Cell Phone Pager	E-mail Address					
EmployerOccupation _	Social Security No					
Address City, State, Zip	ip Business Phone					
Mother's Name	Address					
	Phone					
Cell Phone Pager	E-mail Address					
	Occupation Social Security No					
Address City, State, Zip	City, State, Zip Business Phone					
Grandnarent name	Phone					
Address	Phone _					
-						
Address						
Father's income	Mother's income					
	Gross wages, salaries, tips, etc. \$					
	Dividends \$					
	Interest \$					
	Home based business \$					
į –						
· ·						
Tutoring income \$	Tutoring income \$					
Any other income \$	Any other income \$					
(Include Kollel, parental support, investn						
Non-taxable income	Non-taxable income					
(Social security, parsonage, child suppor unemployment, welfare) \$	ort, (Social security, parsonage, child support, unemployment, welfare) \$					
Total father's income \$	0.00 Total mother's income \$ 0.00					
Children's taxable income	Please list all children's assets					
(Wages, salaries, tips, etc.) \$	(Including investments, bank accounts, etc,)					
Dividends \$						
Interest \$						
Other income \$						
Itemize prizes, inheritance, gifts, etc.						
Technize prizes, inneritance, girts, etc.						

List of children attending Ba					6 1	
				Age	Grade	
				Age	Grade	_
				Age	Grade	
Name				Age	Grade	
List other children:		6 1			- 6 . l	
	Age					
Name						
Name	Age	Grade				
Name	Age	Grade	School		Tuition Paid	
Business	Real Estat	e (Other than I	Primary Residenc	e)	Investments (St	ocks and Bonds)
Market value	Market valu	e		lame	Value	
Unpaid debt	Unpaid deb	t _	N	lame	Value	
Monthly payment	Monthly pa	yment		lame	Value	
	Monthly inc	ome				
Home		Rental		Auto #1		Auto #2
Market	Monthly		Market		Marke	
value \$	payments		value	\$	value	\$
Unpaid \$			Unpaid debt	\$	Unpaid debt	\$
Monthly payment \$			Monthl paymer		Month payme	
			Year, M	ake, Model	Year, N	1ake, Model
	Please itemize un	usual expen	ses (medical, d	etc.) on a se	parate sheet.	
Amount of full tuition* for i	•		\$			
Amount of tuition* I request to pay:			\$			
Amount of financial aid req * not including any fees	juestea:		\$			
This application forms: please ch Copy of last 1040 Copy of latest pa This application will not will report any change in	neck to indicate 0 tax return file 1y stubs - husba 1 be processed un	e that you d - comple nd and wife til fully com	have include te with all W e - where app pleted.	d them. P 2's & sche licable.	lease sign and dules.	date below.
o verify all the information			· ·		· · · · · · · · · · · · · · · · · · ·	
Signature		Date				