



APPLICATION FOR ECC TUITION ASSISTANCE
For 3-year-olds and Junior Kindergarten

Funding for ECC tuition assistance is made possible by
the Brandt Scholarship Fund and the Jason K Jacobs Memorial Early Childhood Scholarship Fund

Father's Full Name _____

Mother's Full Name _____

Child's Name _____

Address _____

Phone _____ Email _____

Which class will your child be attending (assistance not available for 2-year-olds)?

- Three-year-olds Junior Kindergarten

What will be your child's program (a minimum of Three Full Days to qualify)?

- Three full days Four full days Five Half Days Five full days

My/our gross income for the 2016 calendar year was \$_____. I/We anticipate that gross income for the 2017 calendar year will be \$_____, assuming that no change in job status occurs during the calendar year. **(Note** that the term *gross income* is not limited to wages but includes all forms of income [e.g. wages, interest, dividends, net gains on sale of property, etc.]. If you are listing a total income that is less than the income you listed for prior years, please attach a letter of explanation.) I/We estimate that the total of my/our net *liquid* assets at the end of calendar year 2016 was _____, and that the total of my/our net assets was _____. For the purpose of doing this calculation, net assets (including non-liquid assets) means the total of your assets, less any debt (e.g. loans). Liquid assets include cash, securities, and other readily available funds. Non-liquid assets include, for example, the value of a home less any mortgages on the home. Retirement funds should not be included in these calculations.

List All Your Children's Names****	Age	Grade in Sept	Current School	Current Tuition	Jewish Camps Attended	# Years

****All dependent children should be listed, even if the child is not attending GRTWA.

Please list any trust funds held by you or any members of your family: _____

Why have you chosen to send your child to GRTWA for preschool?

Please list all sources of income and attach a copy of the first two pages of your most current 1040 tax return:

Please explain your financial reasons for applying for assistance:

By signing below,

- I/We verify that the information that I/we have provided is complete and accurate.
- I/We understand that we must include a copy of our most recent 1040 tax return (without schedules).

Signature_____

Date_____

Signature_____

Date_____