

**NATHAN AND SHIRLEY ROTHNER ATT SUMMER PROGRAM**

3531 Madison St., Skokie, IL 60076

Telephone: 773-973-2828 Fax # 773-973-6666

**APPLICATION FOR SCHOLARSHIP ASSISTANCE**

**Summer 2020**

Date Submitted \_\_\_\_\_

Student's Name \_\_\_\_\_ Entering Grade \_\_\_\_\_

Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Last Jewish School Attended \_\_\_\_\_

Tuition Paid \$ \_\_\_\_\_ Did You Receive a Scholarship? Yes \_\_\_ No \_\_\_ Amount \$ \_\_\_\_\_

Parents' Status: Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Deceased \_\_\_

If unusual family circumstances exist, please explain on reverse side.

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Firm's Name \_\_\_\_\_ Years With Firm \_\_\_\_\_

Firm's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Work ( ) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Firm's Name \_\_\_\_\_ Years With Firm \_\_\_\_\_

Firm's Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Work ( ) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Check One: Father - Employed \_\_\_ Self-Employed \_\_\_ Unemployed \_\_\_

Mother - Employed \_\_\_ Self-Employed \_\_\_ Unemployed \_\_\_

**TOTAL GROSS INCOME BEFORE DEDUCTIONS**

#	ITEM	TOTAL CURRENT CALENDAR YEAR	ESTIMATED NEXT CALENDAR YEAR
1	<b><u>SALARIES &amp; WAGES</u></b>		
	<b><u>A. FATHER, GUARDIAN, ETC.</u></b>		
	<b><u>B. MOTHER, GUARDIAN, ETC.</u></b>		
2	<b><u>OTHER TAXABLE INCOME</u></b>		
	<b><u>(Itemize &amp; explain on reverse side.)</u></b>		
	<b><u>TOTAL TAXABLE INCOME</u></b>		
3	<b><u>NONTAXABLE INCOME</u></b>		
4	<b><u>TOTAL INCOME</u></b>		
	<b><u>(Add items 1, 2, &amp; 3)</u></b>		

5. Do you own any stocks or bonds? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, list name(s) and number of shares on reverse side.

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

If yes, please fill out the following information:

Year Purchased \_\_\_\_\_

Purchase Price \$\_\_\_\_\_

Down Payment \$\_\_\_\_\_

Annual Real Estate Taxes \$\_\_\_\_\_

Unpaid Balance \$\_\_\_\_\_

Monthly Payments \$\_\_\_\_\_ (Including Taxes)

If you Rent, What is your monthly apartment rental? \$\_\_\_\_\_

1. Total Current Face Value of Life Insurance Policies: \$\_\_\_\_\_

2. List Make, Model and Year of Family Car(s) Owned or Leased:

a. \_\_\_\_\_ Monthly Payments \$\_\_\_\_\_

b. \_\_\_\_\_ Monthly Payments \$\_\_\_\_\_

c. \_\_\_\_\_ Monthly Payments \$\_\_\_\_\_

Current Total Car Debt: \$\_\_\_\_\_

Other debts:

\_\_\_\_\_ Monthly Payments \$ \_\_\_\_\_

\_\_\_\_\_ Monthly Payments \$ \_\_\_\_\_

3. Where Do You Bank?

a. Checking \_\_\_\_\_

b. Savings \_\_\_\_\_

4. Name, Age and School of Each Dependent Child in Family. Indicate Tuition You Will be Paying Next Year. If Not Known, Show Tuition Now Paying:

#	NAME	AGE	SCHOOL	FULL TUITION	RM & BD	SCHOL REC'D	STUDENT LNS	COST-NEW YR	COST-NOW
1									
2									
3									
4									

Have your college-age children applied for a student loan? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please state total amount: \$ \_\_\_\_\_

5. List Summer Camps Attended By Your Children This Past Summer:

a. \_\_\_\_\_ Total Fee \$ \_\_\_\_\_

Scholarship Received: \$ \_\_\_\_\_

b. \_\_\_\_\_ Total Fee \$ \_\_\_\_\_

Scholarship Received: \$ \_\_\_\_\_

6. Congregation Affiliation: \_\_\_\_\_

7. Have You Applied to Your Congregation For A Day School Scholarship? Yes \_\_\_\_\_ No \_\_\_\_\_

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**The following MUST be completed in order for this application to be processed!**

**THE SUMMER PROGRAM TUITION IS: \$ \_\_\_\_\_**

**I HEREBY REQUEST MY PAYMENT BE: \$ \_\_\_\_\_**

\*\*\*\*\*I

I HEREBY AUTHORIZE THE ASSOCIATED TALMUD TORAHS TO GATHER CREDIT REPORTS ON THE APPLICANT'S CREDIT RATING, AS WELL AS VERIFY THE STATEMENTS CONTAINED IN THIS APPLICATION.

I DECLARE THAT THE INFORMATION REPORTED ON THIS APPLICATION, TO THE BEST OF MY KNOWLEDGE AND BELIEF, IS TRUE, CORRECT, AND COMPLETE.

Signatures: \_\_\_\_\_  
Father  
\_\_\_\_\_  
Mother  
\_\_\_\_\_  
Date

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PLEASE COMPLETE ALL ITEMS. IF NO INFORMATION CAN BE PROVIDED FOR AN ITEM, WRITE "NONE" IN THE SPACE. INCOMPLETE APPLICATIONS CANNOT BE CONSIDERED.

**PLEASE ATTACH COMPLETE INCOME TAX FORMS FOR THE PAST TWO YEARS.**

*ON A SEPARATE SHEET OF PAPER, YOU MAY EXPLAIN ANY ADDITIONAL EXTENUATING CIRCUMSTANCES.*

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**THIS APPLICATION MUST BE SUBMITTED WITHIN A WEEK AFTER RECEIPT, FOR PROMPT CONSIDERATION BY THE SCHOLARSHIP COMMITTEE.**

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**SCHOLARSHIP COMMITTEE DECISION:**

REGULAR SUMMER PROGRAM TUITION: \$ \_\_\_\_\_

ALLOWANCE: \$ \_\_\_\_\_

REDUCED SUMMER PROGRAM TUITION: \$ \_\_\_\_\_

DATE ISSUED: \_\_\_\_\_

COMMENTS:

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