

SCHEDULE "B" (form 001)



**The Julia and Henry Koschitzky Centre for Jewish Education, UJA Federation (CJE)
COMMON APPLICATION FORM FOR ADMISSION TO JEWISH DAY SCHOOLS
FOR THE 2016-17 SCHOOL YEAR
To be completed by ALL applicants**

Submit completed copies of this application to *EACH DAY SCHOOL* in which you have children enrolled.

Family Name: _____

Father's Name _____

Mother's Name _____

Mother's Maiden Name (if different) _____

Address 1 _____

Address 2 (if different) _____

City _____ Postal Code _____

City _____ Postal Code _____

Home Phone Number _____

Home Phone Number _____

Cell Phone _____

Cell Phone _____

E-Mail _____

E-Mail _____

Marital Status (Please check one)

Married Separated Divorced Widowed Remarried

Children reside at: Address 1
Address 2

Correspondence to be sent to: Address 1
Address 2

Business Information:

Father

Mother

Occupation: _____
Employer: _____
Business Address: _____
Business Phone/Fax: _____/_____

Names of Students attending ANY School	Entering Grade	School Name and Campus	Tuition Fee Paid	<i>School attended last year if different</i>

Other Dependent Children: (NOT currently enrolled in a school)

Name	Age	Name	Age
1.		3.	
2.		4.	

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APPLICATION FORM FOR TUITION SUBSIDY

To be completed by families requesting tuition assistance

UJA Federation of Greater Toronto provides significant funding for Jewish Education, including tuition assistance.

Applications will be processed only when all information and supporting documents have been received.

Copies of the following must accompany this application:

- | | |
|--|--|
| (a) Complete Income tax return(s) for 2015
for all family members, trusts, and corporations | (b) Most recent Income Tax Notice(s) of Assessment
for all family members, trusts, and corporations |
| (c) Two consecutive pay slips | (d) Housing lease/current mortgage statement (if applicable) |
| (e) Latest year-end accountant prepared financial statements (if applicable) | (g) 2015 Property Tax Assessment (or 2016 if available) |
| (f) RRSP & RESP statement(s) | (i) Other information where indicated below (if applicable) |
| (h) Divorce or Separation Agreement (if applicable) | |

FINANCIAL INFORMATION

Family Name: _____

Total Income (From 2015 Income Tax Return)

Income	Line	Attach:	Father (\$)	Mother (\$)	Child (\$)	Total (\$)
Employment income (T4)	101	T4's				
Other Employment Income	104					
Universal Child Care Benefit	117					
Employment Insurance & Other Benefits (T4E)	119					
Taxable Amount of Dividends	120	Schedule 4				
Interest and Other Investment Income	121	Schedule 4				
Net Partnership Income	122	Schedule 4				
Rental Income	126	Form T776				
Taxable Capital Gains	127	Schedule 3				
Support Payments Received	128					
RRSP Income	129					
Other income – (specify)	130					
Net Self Employment Income – (specify)	135-43	Schedules				
Total Income (add entire column)	150					
Other Income:						
Gifts or other assistance						
Tax free allowances (eg: car, housing, Manse)						
Disability Benefits						
Other						
Total (including other income)						
Total Income next year (estimated)						

FOR OFFICE USE ONLY (Do not write in the space below)

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**The Julia and Henry Koschitzky Centre for Jewish Education, UJA Federation (CJE)
APPLICATION FORM FOR TUITION SUBSIDY**

Family Name: _____

ASSETS:

Real Estate:

PRIMARY RESIDENCE

(Address/Type)

Purchase
Date

Purchase
Price

Property
Assessment
Valuation

Amt.

Rate

Monthly
Payment

Term
(yrs)

MORTGAGES

_____	_____	\$ _____	\$ _____	1 st \$ _____	_____ %	\$ _____	_____
				2 nd \$ _____	_____ %	\$ _____	_____
				3 rd \$ _____	_____ %	\$ _____	_____

Was mortgage taken out to finance the purchase of your home? Yes No

Do you derive rental income from your home? Yes If yes: amount/month \$ _____ No

Attach Mortgage Documents

Mortgage held by: _____

Other Real Estate (Include property in other countries)

Property (Address/type/purpose)	Purchase Date	Purchase Price	Market Value	Property Assessment Valuation	Mortgage Amt	Rate	Taxes per month	Income
_____	_____	\$ _____	\$ _____	\$ _____	1 st \$ _____	_____ %	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____	2 nd \$ _____	_____ %	\$ _____	\$ _____

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Family Name: _____

R.R.S.P.'s:

Father: Amount invested for 2015* \$ _____ Current total RRSP value \$ _____
 Mother: Amount invested for 2015* \$ _____ Current total RRSP value \$ _____

R.E.S.P.'s

Aggregate amount invested for all children for 2015* \$ _____
 Current total RESP value for all children \$ _____

*** including contributions and investment for 2015 made in 2016**

Cars, Trucks and other Vehicles (Owned or Operated in the Family):

Make/Model	Year	Purchase Price	Lease Cost/mo.	Amount Owing	Company Car	
					Yes	No
_____	_____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>

Stocks, Bonds, Bank Balance, GICs, Limited Partnerships and other Securities/Investments (including in other countries):

Description	Purchase Date	Purchase Amount	Current Value
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

Intangible Assets (eg: taxi/limo license, royalties etc.)

Description	Market Value
_____	\$ _____
_____	\$ _____

Businesses- Incorporated and unincorporated in which you or an immediate member of your family have an ownership interest: (Submit financial statement with application):

Name of business	Address	% owned	Current Value (of % owned)
_____	_____	_____ %	\$ _____
_____	_____	_____ %	\$ _____

Do you or any member of your family have an interest in or are a beneficiary of a trust or estate? If so:

Family member	Description	Current Value	Annual Distribution

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\$ _____

\$ _____

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Family Name: _____

FINANCIAL INFORMATION – FAMILY EXPENDITURES

Expenditures	2015 Actual		2016 Estimated	
	Enter Monthly or Annual \$		Enter Monthly or Annual \$	
	Monthly	Annual	Monthly	Annual
Housing				
Rent Paid to:				
Property taxes				
Insurance				
Group Insurance premiums or private health				
Life Insurance				
Miscellaneous				
Alimony and maintenance paid				
Babysitting, daycare, housekeeper				
Camp - Child: Camp:				
Camp - Child: Camp:				
Camp - Child: Camp:				
Charities				
Child in other educational institute(including Yeshiva) Where:				
Children's activities- Specify:				
Children's Tutoring – Specify:				
Support to parents/family. Specify:				
Synagogue dues				
Vacation- Where? 1: 2: 3:				
Other				
Unreimbursed Health Costs Details (attach documentation for major unreimbursed items including drugs)				
Doctors (a)				
(b)				
(c)				
Drugs				

	Total Amount of Loan	2015 Actual Payments		2016 Estimated Payments	
		Enter Monthly or Annual		Enter Monthly or Annual	
		\$ Monthly	\$ Annual	\$ Monthly	\$ Annual
Loan Payments					
To:					
To:					
To:					
Taxes Owing (arrears)					
Other debt:					

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Family Name: _____

Special Circumstances you wish to point out (attach a letter if necessary). Please attach receipts where available.

We are unable to pay the full tuition fee and therefore request financial assistance. We offer to pay a family tuition fee of \$ _____ for the school year ____/____ for all our children registered in the day school system in grades 1-12 including both the elementary and high school levels. ***Student expenses not included in the Grades 1-12 tuition fee and pre-school fees continue to be the direct responsibility of the parents.***

We hereby verify that all information is complete and correct. We understand that the information will be reviewed and is subject to verification by the tuition committee. We further understand that the tuition committee will upon completion of this review notify us of the tuition amount the committee has determined appropriate. Misrepresentation or non-disclosure may void any agreed tuition and the school has the option of re-evaluating the tuition, treating the family as full fee payers or refusing admission to the school.

Income and subsidy information and the assessment by this committee are subject to review by the UJA Federation Centre for Jewish Education. All information submitted and the results of this review are treated as strictly confidential.

In submitting and signing this application form, we acknowledge and consent to the sharing of this information with members of the committee, the UJA Federation Centre for Jewish Education, and, in the case of families with children at more than one Jewish day school or, in the case of children who transfer to another Jewish day school, the professional staff and tuition committee members at the other affiliated Jewish day school(s).

Signature of Father

Signature of Mother

Signature of Guardian (if applicable)

Date: ____/____/____
day month yr.

All outstanding tuition balances must be paid prior to commencement of the school year.