

FOR OFFICE USE ONLY

 DATE REC _____ APP FEE _____

REV. 12-3-17

Application for Financial Assistance

Bader Hillel High SchoolGirls' Division • Bader Hillel High
6789 N. Green Bay Ave., Glendale WI 53209

Boys' Division • 2315 W. Good Hope Road, Glendale, WI 53209

Mailing Address • 6789 N. Green Bay Ave., Glendale WI 53209



2018-2019 FINANCIAL ASSISTANCE FORM CHECKLIST FOR APPLICANTS

Yes	Not Applicable	Community Student Aid Form
<input type="checkbox"/>	<input type="checkbox"/>	ALL Pages of the Community Student Aid Form
<input type="checkbox"/>	<input type="checkbox"/>	Student/Sibling Form for ALL school-age siblings (incl. public/CHOICE)
<input type="checkbox"/>	<input type="checkbox"/>	Copies of Tuition Invoice/Agreements for each sibling (excludes Milwaukee Day Schools)
<input type="checkbox"/>	<input type="checkbox"/>	Preschool/Child Care/Babysitting Form for ALL siblings using services
<input type="checkbox"/>	<input type="checkbox"/>	Copies of School Tuition Bills/Babysitting Invoices for each sibling
<input type="checkbox"/>	<input type="checkbox"/>	Explanations of ALL gifts or assistance from others
<input type="checkbox"/>	<input type="checkbox"/>	Explanations of extenuating circumstances (incl. excess medical)
Tax Return		
<input type="checkbox"/>	<input type="checkbox"/>	ALL W-2 Forms
<input type="checkbox"/>	<input type="checkbox"/>	ALL pages of 1040 Federal Tax Return
<input type="checkbox"/>	<input type="checkbox"/>	ALL applicable Schedules (e.g. A, B, C, D, E, K-1, M, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	ALL pages of Wisconsin Tax Return (plus other states if applicable)
Tax Credit Forms		
<input type="checkbox"/>	<input type="checkbox"/>	Earned Income Tax Credit Forms
<input type="checkbox"/>	<input type="checkbox"/>	Child Tax Credit Forms
<input type="checkbox"/>	<input type="checkbox"/>	Dependent Care Tax Credit Forms
Other Tax Forms		
<input type="checkbox"/>	<input type="checkbox"/>	Capital Loss Carry Forward Information
<input type="checkbox"/>	<input type="checkbox"/>	Depreciation Information and Documentation
Parent Education		
<input type="checkbox"/>	<input type="checkbox"/>	Tax Credit Forms
<input type="checkbox"/>	<input type="checkbox"/>	Education Bills
Divorce Information		
<input type="checkbox"/>	<input type="checkbox"/>	Child Support Ordered, Paid, and/or Received
<input type="checkbox"/>	<input type="checkbox"/>	Divorce Decree (need only be submitted once, kept in locked file)

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FINANCIAL ASSISTANCE FORM

Fill out and return this form, **in its entirety**, with completed federal and state income tax returns for the year **2017**. All W2 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, application will not be considered.

All submissions become the property of the DAY SCHOOL GRANT ALLOCATION COMMITTEE.

This application is for the Academic Year 2018-2019.

Application # _____

Today's Date _____

(School Office Use Only)

A. PERSONAL

Student Name (first & last) _____	2016-17 Grade _____	2017-18 Grade _____
Student Name (first & last) _____	2016-17 Grade _____	2017-18 Grade _____
Student Name (first & last) _____	2016-17 Grade _____	2017-18 Grade _____
Student Name (first & last) _____	2016-17 Grade _____	2017-18 Grade _____
Student Name (first & last) _____	2016-17 Grade _____	2017-18 Grade _____

Financially responsible parent/guardian:

Check one: Father Mother

Stepfather Stepmother

Other (specify) _____

Financially responsible parent/guardian:

Check one: Father Mother

Stepfather Stepmother

Other (specify) _____

Name of financially responsible parent/guardian

Name of financially responsible parent/guardian

Street Address

Street Address

City, State, Zip code

City, State, Zip code

Email Address

Email Address

Phone: Day _____

Evening _____

Phone: Day _____

Evening _____

Occupation/Title

Occupation/Title

Employer

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

Date

Signature

Date

B. FAMILY INFORMATION

1. Parents' marital status: Single/Widowed Married Divorced
 Separated Deceased

2. Does the applicant reside in the Milwaukee area? Yes No

3. Size of the family: number of family members in the household for the school year 2017-2018.
adults _____ # dependent children _____
(must equal line 6C on 1040 tax return)
children enrolled at **Bader HILLEL HIGH SCHOOL?** _____

4. Is either parent/guardian an employee of **BADER HILLEL HIGH SCHOOL?** Yes No
If yes, what does the school charge for student(s) tuition? \$ _____

5. What grade* will each child in the family enter in September 2018?

Child 1: _____	Child 2: _____	Child 3: _____	Child 4: _____
Child 5: _____	Child 6: _____	Child 7: _____	Child 8: _____

*Please use grade level or the following abbreviations:
 (Y) – Post High School Yeshiva, Seminary, Study (P) – Preschool/Day Care/Babysitting
 (C) – Post High School College or University (H) – At Home with Parent (No child care)

6. What was the tuition paid to **BADER HILLEL HIGH SCHOOL** by the family in the academic year 2016-17? \$ _____
 What other fees were paid (e.g. bus, materials?) \$ _____
 Give/Get: \$ _____ Other: \$ _____

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 INFORMATION

Some of the following items may not appear on the tax return.

	Income earned in 2017	Estimated Income 2018
1. Financially responsible adult (#1)	_____	_____
2. Financially responsible adult (#2)	_____	_____
3. Dividends and Interest Income	_____	_____
4. Capital Gains	_____	_____
5. Net income from business, real estate, rents (Must submit: Schedule C or E, partnership or corporate returns)	_____	_____
6. Cash distribution pass-through entities (Partnership, LLC, S Corp)	_____	_____
7. Cash distributions from trusts	_____	_____
8. Unemployment Compensation	_____	_____
8a. Benefits for dependents through the military	_____	_____
9. Social Security (for both parent/guardian(s) or child(ren))	_____	_____
10. Parsonage Subsidy (income or in kind)	_____	_____
11. Other income including cash (specify)	_____	_____
12. Monetary gifts or expenses paid by family members	_____	_____
13. Monetary gifts or expenses paid by non-family members	_____	_____
14. Income in Trusts & other assets in children’s names (funded by parent) *	_____	_____
15. Income in Trusts & other assets in children’s names (funded by others) *	_____	_____
SUBTOTAL (Lines 1-15)	\$ _____	\$ _____
16. Child support **		
a. What is paid	_____	_____
b. What is received	_____	_____
c. What is court ordered	_____	_____
17. Maintenance/Alimony		
a. What is paid	_____	_____
b. What is received	_____	_____
c. What is court ordered	_____	_____
SUBTOTAL (Lines 16b and 17b ONLY)	\$ _____	\$ _____
TOTAL INCOME (subtotals from grey boxes)	\$ _____	\$ _____

* Any trust established for the child(ren) specifically, or that could be used by the child(ren) for education purposes.
 ** If there is only a temporary court order, please include the amount.

C. FAMILY FINANCIAL INFORMATION (CONTINUED)

List, below, parents' assets and obligations as of

_____/_____/_____
month / day / year

Assets and Obligations

Monthly Rent/Mortgage \$ _____ Does the applicant own the home? Yes No
 Year Purchased? _____

Outstanding Mortgage Balance \$ _____

One-time moving expenses (should also be reflected on tax return) \$ _____

Does the applicant live in a parsonage or receive parsonage income? Yes No

Amount Received Annually (Monetary or In Kind) \$ _____

Outstanding Loans (e.g. autos, home repairs, etc.) *An additional sheet may be added for more loans.*

Balance	Purpose	Loan Duration	Monthly Payment
\$ _____	\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____	\$ _____

Cash \$ _____

Checking \$ _____

Savings \$ _____

Stocks/Bonds \$ _____

401Ks \$ _____

403Bs \$ _____

Retirement Assets (e.g. IRA) \$ _____

Trusts \$ _____

529 Plans (Education Savings) \$ _____



E. STUDENT/SIBLING SCHOOL ATTENDING FORM

Please fill out this form completely. Instructions:

- The information on this page pertains to one student or sibling. Additional forms may be printed as needed.
- Assign a number (e.g. 1,2,3...) to each of the students attending BADER HILLEL HIGH SCHOOL and all dependent siblings attending other schools (public, CHOICE, other private, post-high school yeshiva/seminary/college).
- Do not put student's name in the Student line. Sibling Numbers should match numbers on Page 3 (Part B #5).
- **Copies of tuition bills must accompany this application.** Tuition Assistance/Scholarship amount and actual tuition paid must be completed.

Student/Sibling # _____ Age _____ Grade 2018-2019 _____ Grade 2017-2018 _____

Name of School Attending (2018-19) _____

Address of School _____

Full Tuition Charge 2017-18 \$ _____

Tuition Assistance/Scholarship (if known) Amount 2017-18 \$ _____

Name of School Attended (2017-2018) _____

Full Tuition Charge 2016-17 \$ _____

Tuition Paid 2016-17 \$ _____

Tuition Assistance/Scholarship (any source) Amount 2016-17 \$ _____

Check if applicable CHOICE Public School

Are any of the school expenses (all or part) paid by someone other than the parent? No Yes Amount \$ _____

Is either parent/guardian an employee of this school? (If yes, what does the school charge for this students' tuition?) No Yes Amount \$ _____

Is a tax return filed for this student? (If yes, please attach a copy) No Yes

What fees were paid to this school in 2016-17? (e.g. bus, materials, registration, activity, physical education, etc.) \$ _____

Mail this form to:
Hillel High Admissions Office
6789 N. Green Bay Ave., Glendale, WI 53209