

The Julia and Henry Koschitzky Centre for Jewish Education, UJA Federation (CJE)

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.

Family Name: _____

This simplified application form is only available for use by families who can verify the following information. If these statements do not apply to your family situation, please utilize the standard application form.

- Less than \$5,000 of annual family income is earned from sources that do not issue a T4.
- T4's are issued by arms-length third parties.
- The family home (if owned) is the only real estate owned.

Signature of Parent 1

Signature of Parent 2

Signature of Guardian (if applicable)

Date: ____ / ____ / ____
 day month yr.

**The Julia and Henry Koschitzky Centre for Jewish Education, UJA Federation (CJE)
COMMON APPLICATION FORM FOR ADMISSION TO JEWISH DAY SCHOOLS
FOR THE 2018-19 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: _____

Parent 1 Name _____

Parent 2 Name _____

Maiden Name (if different) _____

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)

Single Married Separated Divorced Widowed

Children reside at: Address 1
Address 2

Correspondence to be sent to: Address 1
Address 2

Business Information: Parent 1

Parent 2

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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Copies of the following must accompany this application:

- (a) Most recent Income Tax Notice(s) of Assessment for all family members. If this is your first year applying for subsidy, please provide last year's Notices as well.
- (b) T4's for all family members
- (c) 2016 Property Tax Assessment (or 2017 if available)
- (d) Mortgage statements
- (e) 2017 Complete Income Tax Return (if Notice of Assessment is not available)

FINANCIAL INFORMATION

Family Name: _____

Total Income (From 2017 Income Tax Return)

Income	Line	Attach:	Parent 1 (\$)	Parent 2 (\$)	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)						

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APPLICATION FORM FOR TUITION SUBSIDY

Family Name: _____

NET ASSETS:

Real Estate:

PRIMARY RESIDENCE

(Address/Type)

Purchase Date

Purchase Price

Property Assessment Valuation

Amt.

Rate

MORTGAGES

Monthly Payment

Term (yrs)

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

Attach Mortgage Documents

Mortgage held by: _____

Other Assets:

(RRSP's, investments, value of businesses owned, other sources of wealth)

Type

Value

_____	\$ _____
_____	\$ _____
_____	\$ _____

	2017 Actual		2018 Estimated	
	Enter Monthly or Annual		Enter Monthly or Annual	
	\$		\$	
Expenditures	Monthly	Annual	Monthly	Annual
Babysitting, daycare, housekeeper				
Camp - Child: Camp:				
Camp - Child: Camp:				
Camp - Child: Camp:				
Children's activities- Specify:				

The tuition committee uses standard living expenses to determine an affordable tuition fee. If you have any unusual expenses, please describe in the space below. Please attach documentation where available.

SIMPLIFIED APPLICATION FORM FOR TUITION SUBSIDY

Family Name: _____

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 Parent 1

Signature of Parent 2

Signature of Guardian (if applicable)

Date: _____ / _____ / _____
 day month yr.

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