

Application for Financial Aid 2017–2018

To be completed and mailed in by parent/legal guardian to:
Prozdor c/o Financial Aid Committee 160 Herrick Road Newton Centre, MA 02459

All applications must include a complete signed copy of your 2016 federal income tax return.

Partial applications will not be accepted. Applications are due by June 30, 2017.

Financial aid is allocated only toward the cost of tuition.

Should you apply for aid and not be awarded a sufficient amount to enroll in Prozdor, you will not be responsible for any tuition or fees

Student Name						G	irade as of 8/17			
Student Name						G	irade as of 8/17			
Student Name						G	Grade as of 8/17			
Home Address										
Parent Inf	ormati	on								
Legal Guardiar	n 1			Legal Guardian 2						
Name				Name						
Address (if different)				Address	Address (if different)					
Email				Email						
Home Phone				Home F	hone					
Work Phone				Work Pl	hone					
Cell Phone				Cell Pho	one					
Occupation				Occupa	tion					
Employer				Employ	er					
	Part-t	ime	Full-time			Part-time	Full-time	2		
Single	1	Married	Dive	ored	☐ Sepe	erated	Widowed			
Applicant(s) live	e with	Both	Guardian 1	☐ Guard	ian 2	Other				
Name of depend	dent childr	en and ages								
How many of these and the amount of t			-time child care, tuition-c	harging pre-schools, s	chools or co	olleges in 2017–201	8? Please list full tuition pri	ce		
Child's Name			School			Tuition	Amount Payin	g		
Child's Name			School			Tuition	Amount Payin	g		
Child's Name			School			Tuition	Amount Payin	g		

Financial Information		2016			Estimated 2017			
Salaries and wages for guard	ian 1							
Salaries and wages for guard Taxable dividends and/or int from 1109 statement								
Alimony received or estimate (does not include child supp								
Other taxable income								
Child support received for all	l children							
Social Security benefits for e	ntire family							
Total federal tax paid (2016 1	040 or 1040a)							
Self-employment tax paid Total medical/dental expens reimbursed by insurance	es not							
Total paid for medical/denta	l insurance							
Miscellaneous expenses								
Family Obligations Monthly Mo	rtgage 🗀	Rent		Г				
Total employment-related ch								
Your costs of camps and less	ons in 2017 (minu	s any scholar	ships)					
Synagogue dues (include rel	igious school tuitio	on)						
Will student receive any scholf so, how much?	olarships for schola	erships for Pro	ozdor from any o	other sources?				
List all family cars:								
Make/Model/Year			Own	Lease	<u> </u>	Prov	rided by business	
Make/Model/Year			Own	Lease	ġ.	Prov	rided by business	
Make/Model/Year			Own	Lease	<u> </u>	Prov	rided by business	
How much do you feel you c applicant? Financial aid for				7–2018 academic y	ear for ea	ch student		
Student 1		Student 2			Student	3		
You may attach a letter of f	urther explanation	on of unusua	al circumstance	s or expenses if y	ou desire	•		
All financially responsible pand belief, is true, correct and receive financial aid.				•			-	
Leagl Guardian Signature					Date			
Legal Guardian Signature					Date			