



Washington DC Jewish Community Center 2010–2011 Preschool Scholarship Program

Guidelines:

Admission to the Washington DCJCC's 16th Street Preschool is not based on financial status, and Preschool Scholarships to those accepted will be granted based on a demonstration of need. As a program of the Washington DCJCC, a community center that primarily serves the needs of the Jewish community, families with at least one self-identified Jewish parent are eligible to receive up to a 50% scholarship.

Families are eligible to apply for more than one child and will be able to apply for scholarships in consecutive years. Parents on the waitlist are also eligible to apply, but will only receive the scholarship if their child is placed in a classroom for the upcoming year.

The deadline to apply is February 10, 2010.

Awards decision will be made available by February 22, 2010

Process:

Eligibility will be determined by an income breakdown matching the number of people per household to an appropriate income threshold that clearly indicates a need for financial assistance. Please see the application for details on verification and documentation that need to be included.

You must send your completed application to **Private School Aid Service (PSAS)**, P.O. Box 770728, Lakewood, Ohio 44107-0034.

However, you may send a separate letter to Josh Ford (joshf@washingtondcjjcc.org) if you feel that there are circumstances that you'd like to expound upon or that haven't been asked on the PSAS form.

Applications will be vetted by Washington DCJCC Chief Program Officer Joshua Ford and final decisions made by the Center's Chief Executive Officer, Arna Meyer Mickelson. Personal identifying information will be redacted by PSAS prior to review.

This grant was made possible through funding provided by the Jim Joseph Foundation and The Jewish Federation of Greater Washington.

The **Jim Joseph Foundation**, established in 2006, is committed to a sustained program of grant making in pursuit of a vision that leads to ever-increasing numbers of young Jews engaged in ongoing Jewish learning and choosing to live vibrant Jewish lives. The Foundation manages approximately eight hundred million dollars in assets, using all of its resources to foster compelling, effective Jewish learning for young Jews in the United States.

The Jewish Federation of Greater Washington builds a vibrant and purposeful Jewish community by caring for those in need, deepening engagement in Jewish life, and strengthening the bonds and connections among Jews in the Washington area, in Israel, and around the world. The Federation is a community building organization that marshals human and fiscal resources to ensure a vibrant today and future for the Jewish people.



PRIVATE SCHOOL AID SERVICE

PARENT LAST NAME _____

Student Aid Form 2010-2011

Please refer to the instructions attached to the Student Aid Form (SAF) for assistance completing the application. If you need additional assistance, please contact our helpdesk at (866) 424-6443.

STUDENT LAST NAME _____

This form must be postmarked no later than _____.

TO COMPLETE THIS APPLICATION YOU WILL NEED TO INCLUDE:

Please note the required tax year documentation.

1. Detailed copies of all pages and Schedules of your **2009** Federal Income Tax Return Form 1040, 1040A, or 1040EZ (**as filed with the IRS**) for individuals listed in Sections A and B. Recaps and/or Summary Forms are not acceptable. If you file Schedule A, C, E or F, you must provide copies. If you have not yet filed, or are not required to file a tax return, see the REQUIRED DOCUMENTATION section of the INSTRUCTIONS.
2. Copies of all **2009** W-2 Wage and Tax Statement Forms, all **2009** 1099/1099R for Interest/Dividends, Pensions/Annuities and/or Misc. Income Forms for individuals listed in Sections A and B (**Please make sure all documentation is copied on regular 8 1/2 x 11 paper**).
3. Documentation of TOTAL AMOUNTS received in **2009** for all Non-Taxable Income (see Section G for specific requirements).
4. Check or Money Order payable to PRIVATE SCHOOL AID SERVICE for the non-refundable application fee of \$21.00 (**All returned checks will incur an additional fee of \$25.00**).
5. This application form filled out in its entirety, signed and dated by the Parent(s) or Guardian(s) listed in Sections A and B.

IMPORTANT: If the above items do not accompany this application, your application will not be considered complete.

Keep a copy of this completed application for your records.

Student Aid Form • 2010 – 2011

• IMPORTANT: Print clearly and neatly with a ball point pen •

A PARENT, GUARDIAN or OTHER ADULT RESPONSIBLE FOR TUITION

Check one: Father Mother Stepfather Stepmother Other Adult

Last Name _____ First Name _____ MI _____
 Social Security Number _____ Age _____ (_____) _____
 (Area Code) Home Phone _____
 Address _____ Apt. # _____
 City _____ State _____ Zip _____
 (_____) _____
 (Area Code) Work Phone _____ E-mail address _____
 Employed by _____ How Long? _____ Occupation/Title _____
 If you are self-employed, check this box and refer to Section K of this form. May PSAS contact you at work if there are questions? Yes No

B PARENT, GUARDIAN or OTHER ADULT RESIDING WITH PARENT A

Check one: Father Mother Stepfather Stepmother Other Adult

Last Name _____ First Name _____ MI _____
 Social Security Number _____ Age _____ (_____) _____
 (Area Code) Home Phone _____
 Address _____ Apt. # _____
 City _____ State _____ Zip _____
 (_____) _____
 (Area Code) Work Phone _____ E-mail address _____
 Employed by _____ How Long? _____ Occupation/Title _____
 If you are self-employed, check this box and refer to Section K of this form. May PSAS contact you at work if there are questions? Yes No

C HOUSEHOLD INFORMATION

1. Number of individuals who will reside in my/our household during the 2010-2011 school year:

Parents/Guardians _____ Children _____ Other* _____

*If Other, please explain relationship to Parent _____

2. Current marital status/housing arrangement of Parent/Guardian A:

- a. Single, never Married* d. Divorced* g. Residing w/Significant Other
 b. Married e. Remarried* h. Other: _____
 c. Widowed f. Separated* _____

*If Divorced, Remarried, Separated or Single, please complete Section E.

D DEPENDENTS (DO NOT LEAVE BLANK)

Number of dependent children who will attend a tuition charging elementary school, secondary school, Pre-K, day care, camp, or college in the fall of 2010. _____

Please list all dependent children in order of oldest to youngest, including college students. Indicate each dependent's relationship to Parent/Guardian A: child, foster child, grandchild, etc.

1	Dependent Last Name		Dependent First Name		MI	Age	Grade in the Fall of 2010	Applying for Aid? (circle one) Y or N
	Relationship to Parent/ Guardian A	Number of days/hours per week attending preschool days per week _____ hours per week _____		Summer Camp student plans to attend in 2010-2011:		Cost per Student	School/Agency Code*	
	Name of School/Agency student plans to attend in 2010-2011:			City/State		Amount I/we can pay toward tuition	Tuition Charged per Student	
2	Dependent Last Name		Dependent First Name		MI	Age	Grade in the Fall of 2010	Applying for Aid? (circle one) Y or N
	Relationship to Parent/ Guardian A	Number of days/hours per week attending preschool days per week _____ hours per week _____		Summer Camp student plans to attend in 2010-2011:		Cost per Student	School/Agency Code*	
	Name of School/Agency student plans to attend in 2010-2011:			City/State		Amount I/we can pay toward tuition	Tuition Charged per Student	
3	Dependent Last Name		Dependent First Name		MI	Age	Grade in the Fall of 2010	Applying for Aid? (circle one) Y or N
	Relationship to Parent/ Guardian A	Number of days/hours per week attending preschool days per week _____ hours per week _____		Summer Camp student plans to attend in 2010-2011:		Cost per Student	School/Agency Code*	
	Name of School/Agency student plans to attend in 2010-2011:			City/State		Amount I/we can pay toward tuition	Tuition Charged per Student	
4	Dependent Last Name		Dependent First Name		MI	Age	Grade in the Fall of 2010	Applying for Aid? (circle one) Y or N
	Relationship to Parent/ Guardian A	Number of days/hours per week attending preschool days per week _____ hours per week _____		Summer Camp student plans to attend in 2010-2011:		Cost per Student	School/Agency Code*	
	Name of School/Agency student plans to attend in 2010-2011:			City/State		Amount I/we can pay toward tuition	Tuition Charged per Student	

Please check if additional dependents are listed on a separate sheet.

*Refer to School/Agency Code List

Will you be applying for other grants (including incentive, non-need based grants)? Yes No If so, from where and amounts? _____ \$ _____

The school/pre-school/camp reserves the right to modify scholarship awards if additional monies received on behalf of the family were not reported in their scholarship application, and that funds not disclosed in the application and later received by the school/pre-school/camp will be considered part of the aid provided.

E DIVORCED, SEPARATED OR SINGLE PARENTS (TO BE COMPLETED BY PARENT OR GUARDIAN LISTED IN SECTION A)

- Date of separation (Month/Year) _____
- Date of divorce (Month/Year) _____
- Non-custodial parent
Last Name _____ First Name _____ MI _____
- Do you receive or pay child support? Receive \$ _____ per year
 Pay \$ _____ per year
 Neither
- Who claimed student as a tax dependent in 2009? _____
- Who is responsible for the tuition for the dependent(s) listed in Section C?
 Father _____ % Name _____
 Mother _____ % Name _____
 Other _____ % Name _____ *
* If tuition is shared, each responsible party must complete a Student Aid Form (SAF).

F TAXABLE INCOME

The 2009 federal tax return for student's household was:
 Filed
 Not filed yet (See **Required Documentation** section)
 I/we do not file. I/we only receive non-taxable income

	Actual 2009	Estimate 2010
1. Total number of exemptions claimed on Federal Income Tax form:	<input type="text"/>	<input type="text"/>
2. Parent/Guardian A total taxable income from W-2 wages. (List total income for Parent A only)	\$ _____	\$ _____
3. Parent/Guardian B total taxable income from W-2 wages. (List total income for Parent B only)	\$ _____	\$ _____
4. Net business income* from self-employment, farm, rentals, and other businesses. (*Go to Section K) (Attach Schedule C, E, and/or F from your IRS 1040) See 2009 1040 lines 12, 17 and 18	\$ _____	\$ _____
5. Other non-work taxable income from interest, dividends, alimony, unemployment, and non-business income. See 2009 1040 lines 8a, 9a-11, 13, 14, 15b, 16b, 19-21 See 2009 1040A lines 8a-14b	\$ _____	\$ _____
6. Allowable "Adjustments to Income" as reported on your IRS 1040, 1040A or 1040EZ. See 2009 1040 line 36 or 1040A line 20	\$ _____	\$ _____
7. Total "Adjusted Gross Income" as reported on your IRS 1040, 1040A or 1040EZ. See 2009 1040 line 37 or 1040A line 21	\$ _____	\$ _____
8. Total Tax Paid as reported on your IRS 1040, 1040A or 1040EZ. See 2009 1040 line 60 or 1040A line 37	\$ _____	\$ _____
9. Medical/dental expenses as reported on Schedule A line 1 of your IRS 1040 Form.	\$ _____	\$ _____

G HOUSING INFORMATION (DO NOT LEAVE BLANK)

- Do you rent or own your residence? Rent Own (go to line 22)
- If renting, what is the monthly rental payment? \$ _____
a. Amount paid by household \$ _____ per month
b. Amount paid by other source(s) \$ _____ per month
- If you own your residence:
a. What is the current market value? \$ _____
b. What is the amount still owed, including home equity loans? \$ _____
c. What is the monthly mortgage payment? \$ _____ per month
d. Year home was purchased? _____

H NON-TAXABLE INCOME

List the total amount received from 1/1/09-12/31/09 for all recipients in household.
Estimate 2009 if filling out form prior to 12/31/09.

- Child support \$ _____ per year
- Cash Assistance (TANF) \$ _____ per year*
- Food Stamps \$ _____ per year*
a. Medicaid received in 2009? Yes No
- Social Security income (SSA/SSD, etc.)
(Provide documentation for all recipients in household.) \$ _____ per year*
a. Social Security income (SSI ONLY)
(Provide documentation for all recipients in household.) \$ _____ per year*
- Student loans and/or grants received for PARENT's education.
(Not college attending dependents or students listed in Section C.)
a. total received in 2009 \$ _____
b. total used for household expenses \$ _____ per year*
- Housing Assistance (Sec. 8, HUD, etc.) \$ _____ per year*
a. Religious Housing Assistance (parsonage, manse, etc.) \$ _____ per year*
- Other non-taxable income (Workers' Comp., Disability, Pension/Retirement, etc. Identify source(s) in Section L) \$ _____ per year*
- Loans/Gifts from friends or relatives \$ _____ per year
- Personal Savings/Investment Accounts used for household expenses \$ _____ per year
(Do not include totals listed in Section I)
- Total non-taxable income for 2009** \$ _____ per year

*You must provide 2009 YEAR-END documentation for items 11-16; either a Year-End Statement from the appropriate Public Agency, or documentation showing totals from 1/1/09 - 12/31/09.

I ASSETS & INVESTMENTS (AS OF 12/31/09)

- Total amount in cash, checking, and savings accounts \$ _____
- Total value of money market funds, mutual funds, stocks, bonds, CDs, or other securities \$ _____
- Total value of IRA, Keogh, 401K, SEP or other retirement accounts \$ _____
- Do you or any of the dependent children have a trust fund or Section 529 plan? Yes No
If **Yes**, list value \$ _____
- If you own real estate other than your primary residence,
a. What is the fair market value? \$ _____
b. What is the amount still owed? \$ _____
- Do you own a business? Yes No
If **Yes**, please go to **Section K**.
a. What is the fair market value of your business? \$ _____
b. What is the amount still owed? \$ _____
c. Monies received from rental, investment, or OTHER partnership and business ventures? \$ _____
- Do you own a farm? Yes No
If **Yes**, please go to **Section K**.
a. What is the fair market value of your farm? \$ _____
b. What is the amount still owed? \$ _____
- What is/are the make, model, year, value and payment amount of your automobile(s)?
a. _____ MAKE _____ MODEL _____ YEAR _____
\$ _____ VALUE \$ _____ PAYMENT AMOUNT _____ YEAR PURCHASED _____
b. _____ MAKE _____ MODEL _____ YEAR _____
\$ _____ VALUE \$ _____ PAYMENT AMOUNT _____ YEAR PURCHASED _____
c. _____ MAKE _____ MODEL _____ YEAR _____
\$ _____ VALUE \$ _____ PAYMENT AMOUNT _____ YEAR PURCHASED _____
- What is the current amount of your credit card debt? \$ _____

Print Name

J UNUSUAL CIRCUMSTANCES

Check all that apply to your situation within the past 12 months:

- | | | |
|--|---|--|
| a. <input type="checkbox"/> Loss of job | f. <input type="checkbox"/> College expenses | k. <input type="checkbox"/> High debt |
| b. <input type="checkbox"/> Recent separation/divorce | g. <input type="checkbox"/> Income reduction | l. <input type="checkbox"/> Child support reduction |
| c. <input type="checkbox"/> Change in family living status | h. <input type="checkbox"/> Illness or injury | m. <input type="checkbox"/> Medical/Dental expenses |
| d. <input type="checkbox"/> Change in work status | i. <input type="checkbox"/> Death in the family | n. <input type="checkbox"/> Shared tuition |
| e. <input type="checkbox"/> Bankruptcy | j. <input type="checkbox"/> Shared custody | o. <input type="checkbox"/> Other (Explain in Section L) |

K BUSINESS INCOME ESTIMATE (2009 TOTALS)

(If you have not filed your 2009 Tax Return, and are Self-Employed, Own a Business, Rental Property and/or Farm **DO NOT LEAVE BLANK**)

- | | Schedule C | Schedule E | Schedule F |
|--|------------|------------|------------|
| 1. What is your total estimated GROSS business taxable income? | \$ _____ | \$ _____ | \$ _____ |
| 2. What is your total NET business taxable income/loss? | \$ _____ | \$ _____ | \$ _____ |
| 3. If your business pays your home rent or mortgage, what is the annual total? | | \$ _____ | |
| 4. If your business pays for your personal automobile, what is the annual total? | | \$ _____ | |
| 5. If your business pays any portion of other personal expenses, list total amount and explain in SECTION L. | | \$ _____ | |
| 6. If you own rental property: What was the total amount of Rental Income received? | | \$ _____ | |

L EXPLANATIONS (USE THIS SPACE TO EXPLAIN ANY ANSWERS WHICH MAY NEED CLARIFICATION)

M CERTIFICATION, AUTHORIZATION AND DOCUMENTATION CHECKLIST

WHAT IS NEEDED TO PROCESS THIS APPLICATION

(IF ANY OF THE FOLLOWING IS MISSING, YOUR APPLICATION WILL NOT BE CONSIDERED COMPLETE)

1. This application form filled out in its entirety, **SIGNED AND DATED BELOW** by the Parent or Guardian listed in Sections A and B.
2. A check or money order made payable to PRIVATE SCHOOL AID SERVICE in the amount of \$21.00. *This is a non-refundable application fee.*

<p>IF YOU HAVE FILED A 2009 IRS FORM 1040:</p> <p>A complete photocopy of your 2009 Form 1040, 1040A, or 1040EZ (as filed with the IRS, including all Schedules). 2009 W-2 Forms, 2009 1099/1099R, or 1098 Forms for any wage-earning adult residing with the applicant(s).</p>	<p>IF YOU HAVE NOT YET FILED A 2009 IRS FORM 1040:</p> <p>A complete photocopy of your most recent Form 1040, 1040A or 1040EZ (as filed with the IRS, with all Schedules). 2009 W-2 Forms, 2009 1099/1099R, or 1098 Forms for any wage-earning adult residing with the applicant(s). <i>If this application is submitted after April 15, 2010, you must provide a copy of the 2009 Extension for Filing Request, as approved by the IRS and a copy of your last filed tax return.</i></p>	<p>IF YOU DO NOT FILE AN IRS FORM 1040 AND RECEIVE ONLY NON-TAXABLE INCOME:</p> <p>Photocopies of your 2009 YEAR-END Social Services statement (TANF, etc.), Food Stamp documentation, Housing Assistance documentation, Student Loans and/or grant documentation for parent's education, Social Security income statements showing TOTAL AMOUNT received in 2009 for ALL members of the household.</p>
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SIGN HERE

I/we declare that the information on this form is true, correct, and complete to the best of our knowledge. I/we authorize PRIVATE SCHOOL AID SERVICE to return this form and all attachments only to the programs and agencies named in Section C under contract with PSAS. PSAS reserves the right to confirm enrollment and tuition for the program(s) listed in Section C.

⇒ Parent/Guardian A _____ Date _____ Parent/Guardian B _____ Date _____

This Student Aid Form (SAF), all attachments and an analysis of your SAF are sent only to the program(s) or agencies contracting with PSAS. **You will not receive results from PSAS.** No other agency will see or receive any information about this application or its attachments.

INTRODUCTION

PRIVATE SCHOOL AID SERVICE (PSAS) is under contract with the program, school system, or organization from which you obtained this application for tuition assistance. Our purpose is to provide a reasonable assessment of the ability of each family to pay for the education of their children at private and independent elementary and secondary schools or other programs.

Your Student Aid Form, all attachments, and an analysis of your SAF are sent **only** to the program(s) or agencies contracting with PSAS. **No other agency will receive any information about this application or its attachments.**

PRIVATE SCHOOL AID SERVICE does not make any decisions about recipients and amounts of financial aid awarded. Recipients and amounts of aid are determined by the designated program or agency. **YOU WILL NOT RECEIVE RESULTS FROM PRIVATE SCHOOL AID SERVICE.**

INSTRUCTIONS

A & B PARENT, GUARDIAN OR OTHER ADULT

This form should be filled out by the parent, guardian or other adult responsible for the tuition of the child or children attending a private or independent program contracting with PSAS. If the parents/guardians are divorced or separated, only the parent responsible for the tuition and any other adult residing in the household should fill out the form. If tuition is shared, each responsible party must complete a Student Aid Form (SAF) if financial aid is needed.

Answer *all questions* for both parent(s), stepparent(s), or guardian(s) responsible for tuition for the dependent(s) listed in Section C. **Do not leave any questions blank.** If natural parents are divorced, separated or single, answer all questions in Section E. If natural parents are divorced/separated and remarried, list information for custodial parent and new spouse. If either parent answers "self-employed," and has not filed a tax return, complete Section K.

CALCULATIONS ARE BASED ON TOTAL HOUSEHOLD INCOME.

C HOUSEHOLD INFORMATION

ITEM 1: Enter total number of individuals living in household. Include any college students claimed on the tax return. Do not include children who have moved out of the home. Include all family members dependent on and residing with parent listed in Section A.

ITEM 2: Check the appropriate box indicating custodial parents' marital status. If parents are divorced, separated or single, complete Section E.

D STUDENT INFORMATION

List all dependent children residing in your household in order of oldest to youngest. Indicate the relationship to Parent/Guardian A listed in Section A of the application (i.e. child, grandchild, foster child, stepchild, etc.). If your dependents will be enrolled in any tuition charging program or agency next fall (including daycare, preschool, elementary school, high school, college, or trade school, camp), list the name of the program, city and state where the program is located. List the grade your child(ren) will enter next fall (2010-2011); the amount you feel you can pay toward tuition per year, and the amount of tuition charged per student per year.

PSAS will consider all students listed in Section C with "Yes" circled for tuition assistance at any school or agency under contract with PSAS. If "No" is circled, that student will not be considered. For all additional dependents, use a separate sheet.

NOTE: The information regarding tuition charged per student assists PSAS in making the most equitable analysis of your ability to pay for private education. If you are unsure, please estimate

E DIVORCED, SEPARATED OR SINGLE PARENTS

If dependent(s) parents are divorced or separated, or do not reside in the same household, the custodial parent must provide the information requested in Section E about the non-custodial parent.

If the date of separation took place in the year 2009, PSAS will require copies of any tax returns filed jointly or independently by both parent(s)/guardian(s) for 2009. Be sure to estimate the income in Section F for 2010.

ITEM 4: List the total amount of child support actually received by custodial parents listed in Sections A & B. If total received differs from court ordered amount, list only the total received.

ITEM 6: Indicate who is responsible for tuition and what percentage for the dependents listed in Section C.

F TAXABLE INCOME

List all actual amounts for **2009** and estimated amounts for **2010**.

ITEM 1: Enter the total number of exemptions you claimed on your **2009** IRS Form 1040, 1040A, or 1040EZ.

ITEM 2: Enter the total **2009** taxable income earned in wages, salaries and tips for parent/guardian/other listed in SECTION A. Attach all copies of **2009** W-2 forms and/or **2009** 1099 forms from all employers.

ITEM 3: Enter the total **2009** taxable income earned in wages, salaries and tips for parent/guardian/other listed in SECTION B. Attach all copies of **2009** W-2 forms and/or **2009** 1099 forms from all employers.

ITEM 4: Enter the total net income from business (attach Schedule C or C-EZ), all rents, royalties, partnerships (attach Schedule E), and all farm income or loss (attach Schedule F). If you have received income from any of these sources and are estimating your income for **2009**, you must also fill out Section K of this application. (See **2009** 1040 lines 12, 17 and 18, enter sum total.)

ITEM 5: Enter the total of all other taxable income from interest, dividend income (attach Schedule B if over \$400), taxable refunds, credits or offsets of state and local income taxes, alimony received, capital gain or loss (attach Schedule D). List all capital gain distributions not previously reported, total IRA distributions (if rolled-over, explain in Section L), pensions and annuities, unemployment compensation, taxable social security benefits, and any other taxable income. **Attach copies of all Form 1099/1099R, and/or Form 1098 for Interest/Dividends, Pensions/Annuities or other misc. income. Attach copies of Social Security Income statements and Unemployment Compensation documentation for year-end 2009.** (See **2009** 1040 lines 8a, 9a-11, 13, 14, 15b, 16b, 19-21 or 1040A lines 8a-14b, enter sum total.)

ITEM 6: Enter allowable adjustments to income, such as IRA payments, self-employment tax, self-employed health insurance deduction, Keogh retirement plan and self-employed SEP deductions, penalty on early savings withdrawals, and alimony paid. Add together to arrive at your total adjustments. DO NOT include your standard deduction or deduction amounts for each family member. (See **2009** 1040 line 36 or 1040A line 20.)

ITEM 7: Enter total adjusted gross income as reported on your IRS Form 1040, 1040A or 1040EZ. Attach all pages of the applicable tax form (1040, 1040A, 1040EZ) for documentation. (See **2009** 1040 line 37 or 1040A line 21.)

ITEM 8: Enter the Total Tax paid (not withheld) as reported on your IRS Form 1040, 1040A, or 1040EZ. (See **2009** 1040 line 60 or 1040A line 37.)

ITEM 9: Enter the total of any medical and dental expenses reported on Schedule A line 1 of your IRS Form 1040 (attach Schedule A).

G HOUSING INFORMATION

ITEM 1 and 2: If you rent your home or apartment, list your monthly rental or lease payment here, including amounts paid by household and other sources.

ITEM 3a: Determine the present value of the family home and list it. Local real estate agents should be able to help you if you are unsure.

ITEM 3b: Check with your lending institution and enter the amount still owed, including second mortgages.

ITEM 3c: List your monthly mortgage payment.

ITEM 3d: List the year that your home was purchased.

H NON-TAXABLE INCOME

If you receive non-taxable income, **you must list and provide documentation of the TOTAL YEARLY AMOUNTS received in 2009** for all recipients in the household for the following: Cash Assistance (TANF), Food Stamps, Social Security income, Student loans and/or grants (received for PARENT's education), Housing assistance (Section 8, HUD, etc.), Worker's Compensation, Disability or Retirement.

ITEM 1: Child support: Report total amount received for **2009** for all children in the household.

ITEM 2: Cash Assistance (TANF): Report total amount received for **2009**.

ITEM 3: Food Stamps: Report total amount received for **2009**. Do not combine with TANF or Medicaid.

ITEM 3a: Did you receive Medicaid in **2009**?

ITEM 4: Social Security benefits: Report the total non-taxable (**SSA/SSD, etc**) amount received in **2009** for all recipients in household.

ITEM 4a: Social Security benefits: Report the total non-taxable (**SSI ONLY**) amount received in **2009** for all recipients in household.

ITEM 5: Student loans and/or grants: Report the total amount received in **2009** for **PARENT'S** education. Do not list loans, grants or scholarships received for dependents in Section C. Identify how much of this income was used for household expenses in **2009**.

ITEM 6: Housing assistance: Report the total amount received for **2009**. Identify in Section L all sources of Housing assistance (government assistance, Section 8, HUD, family/friends or other sources), including monies received toward rental/mortgage payments and/or utilities.

ITEM 6a: Religious Housing assistance: Report the total amount received for **2009**.

ITEM 7: Other non-taxable income: Report all additional non-taxable income received in **2009** including: Deductible IRA or Keogh payments; untaxed portions of pensions; tax exempt interest income; foreign income exclusion; Workers' Compensation; veterans non-education benefits (Death Pension, Dependency and Indemnity Compensation, etc.); food and other living allowances paid to members of the military, clergy or others; cash support or any money paid on your behalf, including support from a non-custodial parent or any other person (do not include court ordered support here); or any other untaxed benefit or income not subject to taxation by any government (Refugee Assistance, VA Educational Work-Study, etc.). Identify source(s) in Section L.

ITEM 8: Loans/Gifts received from friends or relatives: Report the total amount received in **2009**.

ITEM 9: Personal Savings/Investment Accounts: Report the total amount used in **2009** for household expenses.

ITEM 10: Total non-taxable income for 2009: Add together Items 10-18.

I ASSETS AND INVESTMENTS

ITEM 1: List total of current balances in cash, savings, and checking accounts. Do not include IRAs or Keoghs.

ITEM 2: List total current market value of money market funds, mutual funds, stocks, bonds, CDs or other securities.

ITEM 3: List total current market value of all retirement funds, including IRA, Keogh, 401K, and SEP plans or other retirement accounts.

ITEM 4: Indicate if you or anyone in the household has a trust fund or Section 529 plan, and if so, list the value.

ITEM 5: Answer Items 5a and 5b for any and all investment real estate (not including the family's primary residence), if applicable. Second homes, rental properties, and land contracts should be included.

ITEM 6: If you own a business, check the Yes box and answer Items 6a, 6b, and 6c. If you have not filed your **2009** tax return, complete Section K of this application.

ITEM 7: If you own a farm, check the Yes box and answer Items 7a and 7b. If you have not filed your **2009** tax return, complete Section K of this application.

ITEM 8: List the make, model, year, value and payment amount of your automobile(s).

ITEM 9: List the current amount of your credit card debt.

J UNUSUAL CIRCUMSTANCES

Check any and all items that apply to your situation. If your circumstances require explanation beyond the scope of this application, please notify the program to which you are applying. Do not include a letter of explanation with this application.

K BUSINESS INCOME

Provide 2009 Business Income Estimates if you have not filed your 2009 Tax Return.

ITEM 1: List estimated total GROSS taxable business income for **2009**.

ITEM 2: List estimated total NET taxable business income/loss for **2009**.

ITEM 3: List the total amount paid by business in **2009** for home rent or mortgage.

ITEM 4: List the total amount paid by business in **2009** for personal automobile.

ITEM 5: List the total amount of personal expenses paid by business in **2009** that do not fall into one of the categories above.

ITEM 6: List total amount of estimated rental income received in **2009**.

If providing income estimates for more than one business, corporation or farm (Schedule C, Schedule E and/or Schedule F) please list information for each business, corporation or farm separately. Use additional sheet or Section L, if necessary.

L EXPLANATION

If any specific question requires clarification, write a brief explanation in this space. If your circumstances require explanation beyond the scope of this application, write a brief summary in the space provided.

M PARENTS' CERTIFICATION, AUTHORIZATION, AND DOCUMENTATION CHECKLIST

You **must** sign the form in this section. Your signature authorizes PSAS to release the form and attachments to the contracting programs indicated in Section C. By signing the form, you also certify that the information submitted is correct. This application **CANNOT** be processed without the appropriate signature(s) and the appropriate documentation.

REQUIRED DOCUMENTATION

If you have filed your 2009 IRS Form 1040:

You must submit photocopies of all pages of your **2009** Federal Tax Return Form 1040, 1040A or 1040EZ (as filed with the IRS, with all Schedules, **2009** W-2 Forms, **2009** 1099/1099R, or 1098 Forms for any wage-earning adult residing with the applicant(s). *Do not include your State tax return unless requested.*

If you have not filed your 2009 IRS Form 1040:

You must submit photocopies of all **2009** W-2 Forms, **2009** 1099/1099R, or 1098 Forms for any wage-earning adult residing with the applicant(s), and photocopies of all pages of your most recent Federal Tax Return Form 1040, 1040A or 1040EZ (as filed with the IRS, with all Schedules). *If this application is submitted after April 15, 2010, you must provide a copy of the 2009 Extension for Filing Request, as approved by the IRS.*

If you are an Independent Contractor or self-employed and have not filed your 2009 IRS Form 1040:

You must complete Section K and submit photocopies of all pages of your most recent Federal Tax Return Form 1040, 1040A or 1040EZ (as filed with the IRS, with all Schedules), **2009** W-2 Forms, **2009** 1099/1099R, or 1098 Forms for any wage-earning adult residing with the applicant(s). *If this application is submitted after April 15, 2010, you must provide a copy of the 2009 Extension for Filing Request, as approved by the IRS.*

If you receive non-taxable income:

You must submit photocopies of your **2009** YEAR-END (01/01/09 - 12/31/09) Cash Assistance documentation (TANF, etc.), Food Stamp documentation, Housing Assistance documentation, Student loan and/or grant documentation (for PARENT's education), Social Security Income statements, showing the **TOTAL AMOUNT** received in **2009** for **ALL** members of the household. If you list any total for line 16, you must identify source(s) in Section L.

SCHOOL/AGENCY CODE LIST

Code	School/Agency Name	Address	City	State	Grades/Ages
3792	Charles E. Smith Jewish Day School	Lower - 1901 E. Jefferson St. Upper - 11710 Hunters Ln.	Rockville	MD	K-12
3793	Gesher Jewish Day School	4800 Mattie Moore Ct.	Fairfax	VA	K-8
3794	Jewish Primary Day School of the Nation's Capital	6045 16th St. NW	Rockville	MD	PK-6
3795	Hebrew Day School of Montgomery County	1840 University Blvd. West	Silver Spring	MD	K-6
3796	Hebrew Day Institute	2200 Baltimore Rd.	Rockville	MD	K-6
3797	Melvin J. Berman Hebrew Academy	13300 Arctic Ave.	Rockville	MD	PK-12
3798	Torah School of Greater Washington	2010 Linden Ln.	Silver Spring	MD	K-6
3799	Yeshiva of Greater Washington	Girls - 2010 Linden Ln. Boys - 1216 Arcola Ave.	Silver Spring	MD	7-12
3747	Capital Camps & Retreat Center	12330 Wilkins Ave.	Rockville	MD	3-12
3748	Jewish Community Center of Greater Washington	6125 Montrose Rd.	Rockville	MD	PK (2yrs-K) Camp (4yrs-grade 9) Special Needs (12-21yrs)
3749	Jewish Community Center of Northern Virginia	8900 Little River Turnpike	Fairfax	VA	PK (4wks-4yrs) Camp (K-10)
3750	Washington DC Jewish Community Center	1529 16th St. NW	Washington	DC	PK (2-5yrs) Camp (5-12yrs)

List School/Agency Code in Section C of the SAF.

AVOIDING THE MOST COMMON ERRORS

THE MOST COMMON ERROR THAT APPLICANTS MAKE IS SENDING THE APPLICATION INCOMPLETE. IN ORDER FOR AN APPLICATION TO BE REVIEWED, IT MUST INCLUDE:

- All pages of your **2009** IRS Form 1040, 1040A, or 1040EZ (federal income tax return). **Do not send your state tax return, recap or tax summary.** (If you have not yet filed your **2009** IRS Form 1040, or you do not file, please see the Required Documentation section of the instructions.)
- **2009** W-2 and/or 1099 forms for individual(s) listed in Sections A and B (**Please make sure all documentation is copied on regular 8 ½ x 11 paper**).
- Non-taxable income verification.
- A check or money order for the non-refundable application fee of \$21.00. All returned checks will be subject to an additional \$25.00 fee.
 - ✓ Print clearly and neatly with a black or dark ball point pen.
 - ✓ **Make a photocopy of your completed Student Aid Form for your records.**
 - ✓ Do not staple ANYTHING to the Student Aid Form.
 - ✓ Submit the original application only.
 - ✓ Affix proper postage to the envelope (applications without sufficient postage will be returned by the post office).
 - ✓ If you would like to receive notification that PRIVATE SCHOOL AID SERVICE has received your application, enclose a self-addressed stamped postcard or envelope with your application.
 - ✓ Do not send any original documents. Originals will not be returned.

PSAS CANNOT PROCESS YOUR APPLICATION IF YOU HAVE NOT INCLUDED THE REQUIRED DOCUMENTATION AND APPLICATION FEE.

OTHER COMMON ERRORS

SECTIONS A & B

List the parent, guardian or other adult responsible for tuition and any other adult residing in the household. Complete each section in its entirety, including age, social security number, and name of employer. If you are self-employed, check the box and refer to Section K.

SECTION C

This section should include the total number of parents, children and other individuals residing in the household. Any household member listed as "Other" should be identified, using Section L if necessary for explanation.

SECTION D

List all dependent children, including college students, in order of oldest to youngest. *If any dependents will attend a tuition charging program next fall, fill in all columns for those children.*

SECTION E

This section should be completed by the custodial parent with information about the non-custodial parent.

SECTION F

Answer Items 1–9 for BOTH **2009** and **2010**. **YOU MUST include documentation of all income received by both parents/guardians residing with the applicant(s).** If you are divorced or separated and receive child support, list the yearly amount in Section G Item 10.

SECTION G

If you rent your home, list your monthly rental payment, including any payments made by sources other than the household. If you own your home, answer Items 3a, b, and d.

SECTION H

List the **YEARLY** amounts received for Items 1-10. *Remember, do not list monthly amounts.*

SECTION I

Enter the totals for Items 1, 2, and 3 based on your investment, savings, and/or checking statements. If you own rental or investment property, answer Items 5a and 5b. *You must include Schedule E from your IRS Form 1040.*

If you answered "Yes" to Items 6 or 7 and are estimating **2009** income, complete Section K of the application. *You must include Schedule C, E and/or Schedule F from your IRS Form 1040.*

SECTION J

Check boxes for any unusual or relevant circumstances which affect the applicant. If you feel that your circumstances require explanation beyond the scope of this application, please notify the program to which you are applying. Do not include a letter of explanation with this application.

SECTION K (If estimating 2009 income)

Answer each question that pertains to your estimated income.

SECTION L

If you feel that any specific question requires clarification and/or an explanation, write a brief summary in the space provided.

SECTION M

Confirm that you have attached ALL REQUIRED DOCUMENTATION and that you have signed the application.