

***Doris and Alex Weber Jewish Community High School
2010-2011 Supplemental Tuition Assistance Application***

Please feel free to attach additional sheets if more space is needed.

PARENT NAME(S): _____

1. What are the names and ages of your dependent children?

2. Do you have any other source of income that does not appear on the FACTS form or your tax return? If so, explain.

3. What benefits do you receive from your employer that are not indicated on your tax return? For example, use of automobile, health insurance for you or family members, retirement contributions, etc.

4. Please list the vehicles you own/lease:

YEAR	MAKE	MODEL	MILEAGE	OWN/LEASE	MO. PAYMENT
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

5. List any other current liabilities, like credit card accounts, not listed on the FACTS form. Do not include your home mortgage.

Description	Total Balance	Monthly Payment
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Please list other schools for which you are paying tuition and the amount (after tuition assistance).

7. Do you pay anyone for child care or other services? If so, please give details, including the cost.

8. Do you contribute to the support of other family members besides your dependents? If so, please give details, including the cost.

9. Does anyone else, such as grandparents, contribute to the cost of your dependent's education? If so, please give details, including the amount contributed.

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10. Please list any family vacations taken in 2009.

Where did you go? _____

Who paid for the vacation? _____

Total cost of the 2009 vacation? _____

Cost of planned vacation in 2010 _____

11. Please list summer programs or camps your children attended in 2009.

	Child 1	Child 2	Child 3	Child 4
Program/Camp	_____	_____	_____	_____
Total cost	_____	_____	_____	_____
Assistance received	_____	_____	_____	_____
Additional Fees Paid	_____	_____	_____	_____

12. Please list summer programs or camps your children plan to attend in 2010.

	Child 1	Child 2	Child 3	Child 4
Program/Camp	_____	_____	_____	_____
Total cost	_____	_____	_____	_____
Assistance received	_____	_____	_____	_____
Additional Fees Paid	_____	_____	_____	_____

It is assumed that all parents receiving tuition assistance will volunteer at the school in areas that are of interest to you. Please indicate which areas you would like to volunteer:

- | | | | |
|--------------------|----------------------|------------|-------------------|
| Annual Campaign | Capital Campaign | Chesed | Evening of Honor |
| General Support | Grade Representative | Graduation | Parent Ambassador |
| Social Programming | | | |

Contributors to The Alef Fund will receive a tax credit on their Georgia Income Tax for the amount of their contribution. You may designate The Weber School as the recipient of your contribution to be used for public school families who need tuition assistance. We encourage everyone to participate in this fund to the fullest extent of their ability. Please indicate your preference for the following action

_____ I already understand how The Alef Fund works and will make a contribution. I will notify The Weber School the amount of the contribution and when I make it

_____ Please contact me and explain in greater detail how The Alef Fund works.