

**DESERT TORAH ACADEMY SCHOLARSHIP APPLICATION****Important Information****\*Please provide a copy of last year's tax return or other proof of income****\*All scholarship allocations are subject to review during the school year****Section One – Your Family****Parent/Guardian 1:** Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_  
Home Work Cell

Email address: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

If unemployed – Date unemployed \_\_\_\_\_ Does child live with this person? \_\_\_\_\_

**Parent/Guardian 2:** Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_  
Home Work Cell

Email address: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

If unemployed – Date unemployed \_\_\_\_\_ Does child live with this person? \_\_\_\_\_

Total household Size: \_\_\_\_\_ # of Children at home: \_\_\_\_\_

**Section Two – School Information**

Student Name	Grade as of 9/20	Age as of 9/20	Gender	Full Tuition – Cost per year
			M F	
			M F	
			M F	
			M F	

Total Family Tuition Cost: \_\_\_\_\_

**Section Three – Financial Information**

**Family Income/Expense Budget Worksheet – Complete all applicable items**

**Estimated Monthly Expenses**

Rent/Mortgage \_\_\_\_\_  
Assoc. Dues \_\_\_\_\_  
Home taxes \_\_\_\_\_  
Home Insurance \_\_\_\_\_  
Medical expense \_\_\_\_\_  
Credit Card Pmts. \_\_\_\_\_  
Life Insurance \_\_\_\_\_  
Utilities \_\_\_\_\_  
Food/Household \_\_\_\_\_  
School Tuition \_\_\_\_\_ (your current contribution to school tuition)  
Camp Tuition \_\_\_\_\_ (your current contribution to camp tuition)  
Other School Exp \_\_\_\_\_ (uniforms, supplies, etc)  
Misc. expenses: (Please describe)  
\_\_\_\_\_  
\_\_\_\_\_

**Estimated Monthly Income**

Parent/Guardian #1 Salary/Wages \_\_\_\_\_  
Interest/Dividends received \_\_\_\_\_  
Alimony/Child support received \_\_\_\_\_  
Business income – list business below  
\_\_\_\_\_  
Unemployment Income \_\_\_\_\_  
Social Security Income \_\_\_\_\_  
State or Government Assistance \_\_\_\_\_  
Friends/Family Assistance \_\_\_\_\_  
  
Other Income: (Please describe)  
\_\_\_\_\_  
\_\_\_\_\_

Total Expenses \$ \_\_\_\_\_

Total Income \$ \_\_\_\_\_

Monthly Net between Income and Expenses – (subtract expenses from income)

\$ \_\_\_\_\_

Amount of tuition **Per Month Per Child** you feel you can afford: \_\_\_\_\_

If your expenses are greater than your income, how do you make up the difference?  
\_\_\_\_\_

Do you see your financial situation changing in the upcoming year? \_\_\_\_\_ If yes, in what way?  
\_\_\_\_\_  
\_\_\_\_\_

Please provide any other information that may help us evaluate your scholarship request – attach separate pages if necessary.  
\_\_\_\_\_  
\_\_\_\_\_

Parent #1 \_\_\_\_\_  
Signature

Date \_\_\_\_\_

Parent #2 \_\_\_\_\_  
Signature

**For Office Use Only**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_