

ישיבה גדולה דמיאמי רבתי - ליובאוויטש
YESHIVA GEDOLAH of GREATER MIAMI
Rabbinical College

ADMINISTRATIVE OFFICE:
17330 Northwest 7th Avenue, Miami, FL 33169 · Tel: (305) 653-8770 · Fax: (305) 653-6790

SCHOLARSHIP APPLICATION

Student's	Full Legal Name: _____		SSN#: _____
	Last	First	Middle
Home Address: _____	Street	City	State Zip
Home Telephone: _____	Cellular: _____	Fax: _____	

Father's	Full Legal Name: _____		SSN#: _____
	Last	First	Middle
Home address: _____	Street	City	State Zip
Home telephone: _____	Cellular: _____	Fax: _____	
Highest level of schooling completed: _____		Occupation: _____	
Business/employer name: _____		Type of business: _____	
Work address: _____	Street	City	State Zip Bus. phone: _____
Salary: \$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly		Length of time employed at business: _____	
Are you self-employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, type of business: _____ Gross annual business income: \$ _____	
List any other sources of household income: _____			

Gross annual income from all sources, before deductions for Social Security, income tax, retirement fund, etc. \$ _____			

Mother's	Full Legal Name: _____		SSN#: _____
	Last	First	Middle
Home address: _____	Street	City	State Zip
Home telephone: _____	Cellular: _____	Fax: _____	
Highest level of schooling completed: _____		Occupation: _____	
Business/employer name: _____		Type of business: _____	
Work address: _____	Street	City	State Zip Bus. phone: _____
Salary: \$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly		Length of time employed at business: _____	
Are you self-employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, type of business: _____ Gross annual business income: \$ _____	
List any other sources of household income: _____			

Gross annual income from all sources, before deductions for Social Security, income tax, retirement fund, etc. \$ _____			

Do you own your own home? Yes No Size of remaining mortgage: \$_____ Monthly payment/rent: \$_____

Mortgage holder: _____ List addresses of any real estate holdings: _____

List all financial institutions in which you maintain accounts: _____

Number of dependent children in family: _____

Name	Age	Grade	Name of School	Tuition Amount
Which summer camps do your children attend?				Cost Per Child

List below all debts or loans for which monthly payments are made.

Type of Debt/Loan	To Whom Paid	Monthly Payment	Number of Remaining Payments

Indicate below if there are any extenuating or special circumstances of which Lubavitch Educational Center should be aware when considering your application. Use additional paper if necessary.

Beis Medrash student has received Pell grants in previous school years? Yes No

If yes, for how many years? _____

The maximum amount I am able to pay at this time for tuition, room and board is
\$ _____ per month.

I hereby certify that the above information represents a complete and accurate response to all questions. I agree that a reduction in tuition, if granted, is subject to reconsideration at any time upon a material change in circumstances involving my ability to pay. I promise to report any such change in circumstances promptly. I agree that if a reduction in tuition is granted, I will assist the yeshiva in its activities. I understand that failure to do so would justify a reconsideration of the allowance granted to me.

Signature: _____ Date: _____