



WESTCHESTER HEBREW HIGH SCHOOL

לב נבון יבקש דעת

856 ORIENTA AVENUE | MAMARONECK, NEW YORK 10543-4797
914.698.0806 | FAX: 914.698.1330 | WWW.WHHSNY.ORG

Tuition Assistance Application 2026–2027

Westchester Hebrew High School is committed to providing a day school education to families unable to cover the full cost of tuition and fees. Funding is provided by the generosity of donors to our Scholarship Fund. All data and information will be kept confidential and used solely for the purpose of deciding how to best allocate financial aid to those in need.

To help the Tuition Assistance Committee reach a determination, this application must be completed in its entirety and all required supporting documentation must be submitted to the school. In addition, families must complete an online FACTS Grant & Aid Application, and provide any documentation requested directly to FACTS.

Please use additional sheets of paper to fully complete all sections of the application. Applications must be submitted to the WHHS Business Office by **January 5th**. Applications filed thereafter will require a \$100 fee.

FAMILY INFORMATION

Father

NAME AND TITLE

Social Security Number

Home Address

Cell Phone

Email Address

Mother

NAME AND TITLE

Social Security Number

Home Address

Cell Phone

Email Address

Students for whom scholarship is requested

Name	Age	Grade

SCHOOL INFORMATION for children in the family (including applicant)

Child's Name	Age	Grade	School	Total Tuition	Scholarship Amount	Net Tuition

CAMP INFORMATION for all children in the family (including applicant)

Child's Name	Age	Camp / Program Name	Type of Experience day camp, sleep-away, Israel program, etc.	Camp Fee or Program Cost	Paid by whom?

EMPLOYMENT INFORMATION**Father**

Employer / Business Name

Business Address

Job Title

Annual Salary

Commission / Bonus

Years with company

Are you an owner of this business? ☐ Yes ☐ No

Is anyone related to you an owner of this business?

☐ Yes ☐ No If yes, who?**Mother**

Employer / Business Name

Business Address

Job Title

Annual Salary

Commission / Bonus

Years with company

Are you an owner of this business? ☐ Yes ☐ No

Is anyone related to you an owner of this business?

☐ Yes ☐ No If yes, who?

If unemployed, retired, disabled or employed less than two years, please provide prior employer information (company, title, annual salary and any severance pay):

OTHER / OUTSIDE INCOME**Father**

Child support

Alimony

Dividends

Interest

Mother

Child support

Alimony

Dividends

Interest

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Rental income

Partnership income

Rental income

Partnership income

REAL PROPERTY INFORMATION

A. If you own real estate, please check the type of property:

☐ House ☐ Co-op apartment ☐ Condo ☐ Commercial space ☐ Vacation property*

Purchase price \$

Year purchased

Current market value \$

Mortgage amount \$

Balance owed \$

Monthly payment \$

Does this include real estate taxes? ☐ Yes ☐ No

Annual real estate taxes \$

Monthly maintenance \$

**If vacation property owned, please attach the above information on a separate sheet.*

B. If you rent an apartment or house:

Monthly rental fee \$

If not included, monthly amount of utilities \$

Utilities included? ☐ Yes ☐ No

FINANCIAL INFORMATION

Bank and money market accounts

Including any trust accounts, guardianship accounts or gift-to-minor accounts in your name or any of your children's names.

Type of Account	Account Number	Bank / Fund Name	Location	Account Holder	Balance

Investment and retirement accounts

Including any trust accounts, guardianship accounts or gift-to-minor accounts in your name or any of your children's names.

Type of Account	Account Number	Bank / Fund Name	Location	Account Holder	Balance

Liabilities

Indebtedness. List all bills such as credit cards, student loans, etc.

Type of Account	Account Number	Bank / Fund Name	Location	Account Holder	Balance

Automobiles

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Make / Model	Year	Owned or Leased	Monthly Payment
1.			
2.			
3.			
4.			

Estimated monthly expenses

Item	Estimated monthly expense	Item	Estimated monthly expense
Car loans		Domestic help / daycare	
Credit cards		Synagogue dues	
Student loans		Other school tuitions	
Medical & dental		Gym memberships	
Gas & commutation		Life insurance premiums	
Home maintenance			

OTHER INFORMATION

Please respond to the following questions here or on a separate sheet of paper.

1. Explain any changes in your financial status during the past academic year, such as change of occupation, place of employment, number of dependents, or illness.

2. Explain the nature and cost of all co-curricular, tutoring, college prep or weekend activities your children participate in.

3. Describe any vacations or trips that you and/or your family have taken in the past three years or plan to take in the coming year, including anticipated costs.

4. Have you or will you be applying for financial aid from any outside source, such as a local Federation or Oorah?

☐ Yes ☐ No

ASSISTANCE REQUESTED

Please state what you believe is an amount you can pay on a monthly basis for the applicant to attend Westchester Hebrew High School over a ten month period.

\$ per month

SENIOR TRIP 12th grade only

Senior Trip is an optional program for which WHHS is unable to offer financial assistance. Should families receiving tuition assistance elect to send their students on the Senior Trip, the annual tuition assistance awarded will be reduced by 50% of the cost of the trip. By signing below, you acknowledge your understanding and acceptance of this provision.

Father's signature

Mother's signature

Date

Date

PARENT / GUARDIAN CERTIFICATION

We declare that the information reported on this application is, to the best of my/our knowledge, true, correct and complete. Should it be discovered that information is not true and correct, we understand that the school may revoke the financial aid and that we will be responsible for the full amount of our child(ren)'s tuition.

Father's signature

Mother's signature

Date

Date

AUTHORIZATION TO VERIFY, OBTAIN AND RELEASE INFORMATION

We hereby authorize WHHS to verify our past and present employment earnings records, bank accounts, stock holdings and any other income, assets or liabilities, as well as other information listed on our application, including other educational institutions attended by our children, the tuition paid and the tuition assistance, if any, received. We further authorize WHHS to order a consumer credit report and verify other credit information. It is understood that a photocopy or scanned copy of this form will also serve as authorization.

We hereby authorize WHHS to obtain my/our credit report(s) in connection with my/our Application for Tuition Assistance and agree to execute and return the attached Consumer Credit Search Release Authorization. We are aware that such report(s) will be shared with members of the Tuition Assistance Committee, their appointed agents and/or others connected with this application.

We acknowledge and agree to the following: (1) verification or re-verification of any information contained in my/our application may be made at any time by WHHS, either directly or through a credit reporting agency; (2) WHHS will rely on the information set forth in my/our application; and (3) we have a continuing obligation to immediately report to WHHS any substantial changes to any of the information provided herein.

Father's signature

Mother's signature

Print name

Print name

Date signed

Date signed