



SAR ACADEMY
SAR HIGH SCHOOL
 655 WEST 254TH ST., RIVERDALE, NY 10471
 TEL: (718) 548-1717 • FAX: (718) 601-0082

School Year: 2020/2021

<i>For Office use only:</i>	
No. C	_____
G	_____
TC	_____
PY	_____
OB	_____

APPLICATION FOR TUITION ASSISTANCE
 (The information herein will be maintained in strict confidence)
For Students in Grades 3N-12 Only
Financial assistance is not available for the 2N Program.

The information in this application is given for the purpose of inducing SAR to grant a scholarship and the undersigned represents that all statements made herein are true. The undersigned will promptly notify SAR of any material change in circumstances, and understands that any misrepresentation, failure to supply a material fact, or failure to advise of any material change in circumstances, may result in denial or forfeiture of tuition assistance. All questions must be answered; if not applicable mark "N/A." The committee may request additional information or verification of any representation made.

A. Family Information

1. Family Name _____ Home Tel. _____
 Address _____
 City, State, Zip _____

2. Parent 1 Name _____ Occupation _____
 Cell Phone. _____ Email. _____
 Birth date _____ Highest Grade of Education _____

3. Parent 2 Name _____ Occupation _____
 Cell Phone. _____ Email. _____
 Birth date _____ Highest Grade of Education _____

4. Are parents divorced _____ Legally separated _____
 Either of child's parents deceased _____

B. School Information- (please list all children in family)

Child Name	School Attending 19/20	Grade 19/20	Tuition Obligation 19/20	Applying to SAR for 20/21
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>

C. Camp Information- (please list all children in family)

Child Name	Summer Program Summer 2019	Cost of Summer Program	Summer Program Summer 2020	Cost of Summer Program

D. EMPLOYMENT

Parent 1

Employer _____ Job Description _____ # of years _____
 Address _____
 Annual Pay \$ _____ Annual Bonus: \$ _____
 Are you self-employed? _____ Are you a stockholder in the firm? _____
 If the firm owned in any part by you/ Parent 2's family? _____
 Retirement Plans: Annual Contribution \$ _____ Current Balance \$ _____

Parent 2

Employer _____ Job Description _____ # of years _____
 Address _____
 Annual Pay: \$ _____ Annual Bonus:\$ _____
 Are you self-employed? _____ Are you a stockholder in the firm? _____
 If the firm owned in any part by you/ Parent1's family? _____
 Retirement Plans: Annual Contribution \$ _____ Current Balance \$ _____

E. FINANCIAL

1. Do you (Parent 1/ Parent 2) own a home? _____ Co-op _____ Summer/ Winter Home or Apt. _____
 Purchase Price \$ _____ Date of Purchase _____
 Original Mortgage \$ _____ Present Balance \$ _____
 Monthly Mortgage Payment \$ _____ Monthly Real Estate Taxes \$ _____
 Annual Home Insurance \$ _____ Monthly Maintenance \$ _____
 Do you rent? _____ Monthly rental? _____ No. of years at present address _____

2. Line 7 (adj. gross income) of latest 1040 Federal Tax Return \$ _____

3. Other/ Outside Income

	Parent 1	Parent 2
Self Employment	\$ _____	\$ _____
Fees/ Commissions	\$ _____	\$ _____
Dividends	\$ _____	\$ _____
Interest	\$ _____	\$ _____
Rentals	\$ _____	\$ _____
Child Support	\$ _____	\$ _____
Other	\$ _____	\$ _____

4. Banking– Name and Addresses of Banks at which family maintains accounts

Savings Account

Name _____ Address _____ Acct # _____ Present Balance \$ _____
 Name _____ Address _____ Acct # _____ Present Balance \$ _____

Checking Account:

Name _____ Address _____ Acct # _____ Present Balance \$ _____
 Name _____ Address _____ Acct # _____ Present Balance \$ _____

Money Market Account

Name _____ Address _____ Acct # _____ Present Balance \$ _____
 Name _____ Address _____ Acct # _____ Present Balance \$ _____

5. Do any of your children have Trust, Guardianship, or Gift to Minor Accounts? _____ Amt. \$ _____

6. Has your family received financial assistance from other sources, such as relatives, grandparents, etc. Amt. \$ _____

7. Do you complete your own tax returns? Yes _____ No _____

If no, give name address, phone number of person who does _____

8. List all other assets (Stock, Bonds, US Bonds, Properties and Values, CD's etc.)

_____	Amt. \$ _____
_____	Amt. \$ _____
_____	Amt. \$ _____
_____	Amt. \$ _____

F. Family's Monthly Obligations/ Payments: (approximate)

Car/ Loans \$ _____ American Express \$ _____ Visa \$ _____
 Medical \$ _____ Master Charge \$ _____ Gas Cards \$ _____
 Bank Loans \$ _____ Store Charge: Name _____ Amount \$ _____
 Domestic Help \$ _____ Name _____ Amount \$ _____
 Other _____

G. Other

1. Does the family own a car _____ Does the family lease a car _____ Total # of cars in family _____
 Year _____ Make and Model _____; Year _____ Make and Model _____
 Year _____ Make and Model _____; Year _____ Make and Model _____

2. Vacations

List Parent or family vacations taken in the past two years

Last year- Where _____

Previous year- Where _____

H. Assistance Requested

Amount we can pay for the school year \$ _____

I. Additional Comments:

I/We hereby consent to SAR obtaining a report of my credit record and using the information from that report in determining whether to grant a scholarship .

I/We understand that all scholarships offered by SAR are moral scholarships and I/We recognize that if we are granted a scholarship by SAR then we will have a future moral obligation to support the SAR Scholarship Fund to the best of our ability. If financial circumstances allow, we will repay the amount of any scholarship received.

I/We affirm that the above information is accurate and complete and agree to advise the school promptly of any changes in the above information.

SIGNATURES: _____ Parent 1 Date: _____

_____ Parent 2 Date: _____

***Applications will not be complete and will not be reviewed until all required submissions are received. See Page 4 for a list of required submissions.**

MAIL TO: SAR ACADEMY
655 West 254th Street
Riverdale, NY 10471
Attention: Tuition– Scholarship Committee

For questions contact Debra May, Executive Director at 347-274-3620 or debra@saracademy.org.

Required Submissions*:

All applications must be signed by both parents and must include the following submissions—

- 1. Full and COMPLETE Form 1040 Federal Tax Form, W2's, 1099's, for both Parent 1 and Parent 2, as well as NY State Tax Form for two most current years filed, including cancelled checks for taxes paid with filed returns.**
- 2. If self-employed, partner or stockholder, furnish complete business returns for the past two years.**
- 3. Year end mortgage statement and most recent monthly statement for all owned properties.**
- 4. Property tax bill for most recent year for all owned properties.**
- 5. Copy of current lease and most recent canceled rent check.**
- 6. Bank statements for all accounts for the 12 month period prior to submission of this application including copies of all cancelled checks.**
- 7. Year end brokerage statement for all brokerage accounts and most recent monthly/quarterly statement for all accounts.**
- 8. Year end credit card summary statement for all credit and store accounts or credit card/store card statements for the 12 month period prior to submission of this application.**
- 9. Signed IRS form 4506T (Request for Transcript of Tax Return)**
- 10. Submission of on-line FACTS application at www.factstuitionaid.com.**

* Families who applied to SAR for financial assistance for the 2019/20 school year are not required to submit items 3 through 8 above

PLEASE DO NOT WRITE BELOW THIS LINE

DATE	COMMITTEE MEMBERS	NO. OF CHILDREN	ACTUAL TUITION	SCHOLARSHIP GRANT	TUITION DUE	REMARKS