



Netivot Shalom Tuition Assistance Application

Please return your completed forms to the Director of NS Preschool

Name of child: _____

(1) Parent's Name: _____

(1) Parent's Address: _____

Home phone: _____ Work phone: _____

(2) Parent's Name: _____

(2) Parent's Address: _____

Home phone: _____ Work phone: _____

Number of dependents: _____

ANNUAL INCOME

Taxable Income Before Deductions

Tax Year 2022
(Documented)

Tax Year 2023
(Documented or Estimated)

Salaries/Wages

(1) Parent _____

(2) Parent _____

Step-parent or other provider
of primary financial support _____

Net profit/loss from business _____

Property Income _____

Other taxable income _____

TOTAL INCOME _____

ANNUAL EXPENDITURES

Rent _____

Mortgage _____

Medical (not covered by insurance) _____

Dental (not covered by insurance) _____



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Loan payments	_____	_____
Child Support	_____	_____
Alimony	_____	_____
TOTAL ANNUAL EXPENDITURES	_____	_____
OTHER EXPENSES		
Private School Tuition	_____	_____
College Tuition	_____	_____
Extraordinary Expenses	_____	_____
TOTAL OTHER EXPENSES	_____	_____

Total preschool tuition is _____ per month.

We can afford to pay _____ per month.

We are requesting _____ per month in assistance.

Please briefly discuss the following in the space provided below :

- Explanation of extraordinary expenses

And include:

- 2022 tax returns
- 2023 tax returns (if available)