



Ohr Kodesh Early Childhood Center Tuition Assistance Application

OKECC makes every effort to provide tuition assistance to families who are unable to afford the full cost of tuition. The funds available for this purpose, however, are limited. We respectfully ask families with the ability to pay the full tuition to not simply apply with the intention of reducing the cost just as an added benefit. Some of our applicant families have serious financial hardships, such as unemployment or illness, for which the assistance provided determines the ability for their child(ren) to attend our school. If your family is in this type of situation, then please do **not** hesitate to apply and we will do our best to assist you.

Tuition assistance will **only** be granted to families who have applied their child(ren) for one of our core programs for the upcoming school year and to families who do not have bills outstanding to either OKECC and/or OKC (unless payment arrangements have been made in writing and are up to date). **Tuition assistance decisions will be based primarily upon financial need**, though additional consideration may be given based on the extent of the family's affiliation to OKC.

All information provided herein will remain confidential by the OKECC Director and Assistant Director. Members of the Tuition Assistance Committee will be provided only with the responses provided on the application form; names and identifying information will **not** be shared.

INSTRUCTIONS

Please complete this form as fully and as accurately as you can and submit to the attention of Amy Jones, OKECC Assistant Director.

Applications are reviewed on an ongoing basis, but must be *received* no later than February 9, 2018, to be considered in the initial applicant pool for funds available for the 2018-2019 school year.

If you have any questions, please contact Amy Jones, OKECC Assistant Director, at (240) 450-0673 or ajones@ohrkodesh.org.

PLEASE PRINT ALL RESPONSES

PARENT(S) FIRST AND LAST NAME:

NAME OF CHILD:

PROGRAM APPLYING TO:

NAME OF CHILD:

PROGRAM APPLYING TO:



Ohr Kodesh Early Childhood Center Tuition Assistance Application *continued*

1.	Is this your first request for tuition assistance from OKECC?	YES ()	NO ()
	If no, how much were you previously granted?	\$ _____	
2.	Parent 1 Approximate Annual Income (if recently unemployed, state approximate income made in the current calendar year):	\$ _____	
3.	Parent 2 Approximate Annual Income (if recently unemployed, state approximate income made in the current calendar year):	\$ _____	
4.	Does the household of the child(ren) have membership at OKC?	YES ()	NO ()
	If yes, in what year did membership begin?	_____	
5.	Number of dependent children:	_____	
	Age(s) of dependent children:	_____	
	Schools where dependent children attend:	_____	
6.	Number of children to be enrolled at OKECC for the upcoming school year:	_____	
7.	OKECC programs applying to for the upcoming school year:	_____	
8.	What is the <i>total</i> tuition amount for your child(ren) that will be due to OKECC for the upcoming school year?	\$ _____	
9.	Number of children to be enrolled at ABRS for the upcoming school year:	_____	
10.	Do you owe any monies to OKECC and/or OKC for any prior years?	YES ()	NO ()
	If yes, please indicate the amount(s) and nature of payment arrangements.	_____	



Ohr Kodesh Early Childhood Center Tuition Assistance Application *continued*

11.	Are you receiving tuition assistance from any of the following resources?		
	OKC () ABRS () MOED () OTHER (e.g. schools attended by other children) ()		
12.	If you are receiving tuition assistance from any resources as identified in #11, what is the total approximate amount?	\$ _____	
13.	What is the total tuition assistance you are requesting from OKECC? <i>A specific amount must be stated for consideration.</i>	\$ _____	
14.	Explain any additional factors which the Tuition Assistance Committee should be aware of in order to help make a decision regarding your request (i.e., any temporary financial difficulties, unusual family expenses, major illnesses, etc.). <u>Please be as specific and detailed as possible regarding circumstances (omit names).</u>		
15.	Describe your family's relationship with OKC independent of OKECC.		

The Tuition Assistance Committee reserves the right to request additional information and verification as needed.

FOR OFFICE USE ONLY	DATE RECEIVED: _____ CODE# _____
REGISTRATION RECEIVED: Y() N()	REGISTRATION PAID: \$ _____
OUTSTANDING MONIES: OKECC Y() N() \$ _____	OKC Y() N() \$ _____
TUITION ASSISTANCE AMOUNT GRANTED: \$ _____	DATE APPLICANT NOTIFIED: _____