

Yeshiva High School of Cleveland Registration and Tuition Contract

Fee/Cost	Amount
Registration fee	\$1000
Capital Campaign fee	\$1000
Academic Labs & technology fee	\$150
Room and Board	\$5,500
Yeshiva Tuition	\$17,000
Total Tuition & Fees	\$24,650

 I hereby agree to pay the terms of this contract I request consideration for financial assistance. I have been approved for financial assistance my 	obligation is in the amount of \$
	Tuition board (Dr. D. Keller, Rabbi A. Kushner)
Print Name of Parent/Guardian	Date:

- All students must abide by The YHSC Handbook and all rules and regulations of the School.
- YHSC admissions are not finalized until a signed tuition contract and post-dated checks, ACH direct deposit or a credit card (3% fee) are on file.
- Out-of-Town Student Program room and board at \$5,500 per student per year. These fees are not eligible for financial assistance.
- Yeshiva tuition and fees are non-refundable. In the event of a student leaving the Yeshiva before year end, tuition payments will be credited for time following a thirty-day period after the student's departure.
- Tuition is prorated for ten months, assessed on the first of each month.

Financial assistance can only be considered with the submission of all the following:

- i. YHSC financial assistance form
- ii. Requested financial information including most recent IRS Form 1040



2023-2024 Every Child Every Family Application

Every Child Every Family is a scholarship granting organization funded through donations from individuals that designated your school as a recipient and is a state program which provides funding for school choice options.

As a participant in this program, the Yeshiva will award need-based scholarships of varying

If you are interested in donating to the Every Child Every Family scholarship fund, please visit www.everychildeveryfamily.org/donate/ and select Yeshiva High School of Cleveland from the menu.



Scholarship Application

Tuition assistance is granted only for the current school year to qualified students whose parents are not able to meet the full cost of tuition. Tuition assistance will be granted based on need and availability; it is issued on a first come- first assisted basis. Tuition assistance will be applied directly to the reduction of tuition charges only.

PLEASE ANSWER ALL QUESTIONS. DO NOT LEAVE ANY BLANKS. FILL IN "0", "NONE", "N/A" (NOT APPLICABLE) WHERE APPROPRIATE. **INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED**

Parent Information				
Marital Status: (please check one)				
MarriedSingle parent suppo	orting children alone			
Single parents shar	ing expenses (both pare	nts are required to	o submit docı	umentation)
Family Name:	Father:	Moth	ier:	
Address:	City/State/ZipH		Home	
telephone #	Business #_			
Father cell #	Mot	her cell #		
Father E-Mail	Mother E	-Mail		
If responsible party address is different from	m above, please list			
Address:	City/State	e/Zip		
Home #	Business	#		
Cell phone #	E-Mail _	t of children 2	Va.	N.a.
Are both mother and father totally responsif no, please explain arrangement				
Paternal grandparents Name				
Address			_	
Email		Phone		
Maternal grandparents Name				
Address			_	
Email		Phone		



Total # of children in household:	Places provide details of other children appelled in other schools
or childcare programs: (If more space is req	Please provide details of other children enrolled in other schools

Child's name	Grade	School or Program	tuition obligation	Camps / Summer Programs	Total camp cost
1.					
2.					
3.					
4.					
5.					
6.					

INCOME

	Father past year	Mother past year	Father Est. current	Mother Est current
			year	year
GROSS earnings (include all				
tax-exempt amounts)				
Variable Compensation,				
e.g., bonus, incentive,				
commission				
Interest and Dividends:				
(please include combined				
dividends, interest and				
taxable pensions)				
Aid to Dependent Children				
(ADC) or any General/Public				
Assistance (i.e. HUD, WIC,				
SSI, food stamps)				
Do you receive Medicaid?	() Yes () No	() Yes () No	() Yes () No	() Yes () No
Net Rental Income				
Gifts or other private				
income (e.g.; Grandparents,				
Foundations, Charities)				
Other Income (Specify)				
Total Gross Income				



Combined Gross Income	Past year	Est. current year
2018		

NON SALARY BENEFITS: Parsonage, Subsidized Housing, Tuition Reducti	on
Specify Actual Value \$	
Is a portion of your tuition payments available from another source, e.g. Yes/No If so, please provide details	
EXPENSES	
Housing:	
Monthly mortgage \$ or monthly rent \$	Does mortgage
payment include real estate taxes? Yes No*	
*If no, how much is your total annual real estate taxes: \$	
Medical/dental expenses paid (Include only expenses not covered by insu	rance. You may include cost of medical
insurance premiums you paid) \$	
Medical insurance paid by you and not your employer \$	
Other (Specify) \$	
Where does your family spend summer? (Please include Name and Locat	ion)



Assets
Year Purchased (Home) Purchase price \$
Amount you owe on your home
Has this home had any remodeling work done since its purchase?
If yes, year Cost
Net value of real estate other than your home – both personal and business
Market value of stocks, bonds and investments \$ Cash in the bank- checking, money market, savings, CDs etc
Other IRA, Roth Etc (Please Specify) \$
Year Make Model Own/Lease Total Annual Payments (Loan/Lease, Insurance etc.) Car #1 \$ Car #2 \$ Car #3

Car insurance cost annually \$ FAMILY EMPLOYMENT

Vehicle	Year	make/model	Total annual payments	Lease/own	Insurance Cost Annually
Car 1					
Car 2					
Car 3					
Car 4					



FAMILY EMPLOYMENT

Husband: Occupation:	Are you Self-Employed? () Yes	() No
Name of Company:	If self-employed - # of Employees	
Address:	City/State/Zip	Job
Title:	Job Description:	
Type of Business / Services provided?) Full
Time () Part Timehours per week		
Wife: Occupation:	Are you Self-Employed? () Yes ()	No
Name of Company:	If self-employed - # of Employees	
Address:	City/State/Zip	
Job Title:	Job Description:	
Type of Business/Services provided?		
() Full Time () Part Timehours per week	(
If you have any additional jobs, please list below	r: Name Employer Position Hours per week Salary	
	goods and services that can benefit the yeshiva as part of you upport, electronics, telephones, school supplies, advertising,	

EXPLANATIONS

Report any special circumstances or additional information you would like considered. If a parent is presently unemployed and / or expects an income decrease, give specific details. Please answer this question as fully as



possible. Use additional sheets if necessary	



Amount of total financial obligation for my child enrolled at YHSC		\$
(see tuition contract):		
Amount of tuition assistance that you are requesting the Yeshiva to subsidize:		\$
Total obligation that yo	ou are requesting to pay:	\$
AREAS WHERE I CAN VO	DLUNTEER MY SERVICES: Must be completed	
□ Writing/Editing □ Graphics □ Supervision during after- school activities □ Substitute classroom assistance		
□ Office assistance □ Other (Please specify):		
Rabbinical Reference Contact Information		
Name:Email:		
Shul or other organization:		
Address:	s: Telephone #:	
AGREEMENT AS A TORAH JEW, I HEREWITH AFFIRM THAT THE INFORMATION CONTAINED HEREIN AND THE		
DOCUMENTS, WHICH I HAVE SUBMITTED HEREWITH, ARE TRUE AND CORRECT. I FULLY UNDERSTAND THAT ACCEPTANCE OF TUITION ASSISTANCE MONEY REQUIRES ME TO PARTICIPATE IN THE YESHIVA'S FUNDRAISING		
PROJECTS COMMENSURATE WITH THE AMOUNT OF SCHOLARSHIP. I AM AWARE THAT SHOULD THE COMMITTEE		
FIND ANY INCONSISTENCIES IN MY DECLARATIONS CONCERNING MY FINANCES THAT I WILL FORFEIT ALL RIGHTS		
TO FINANCIAL ASSISTANCE. IT IS UNDERSTOOD THAT SHOULD MY FINANCIAL CIRCUMSTANCES CHANGE		
APPRECIABLY AT ANY TIME IN THE FUTURE, I WILL BE EXPECTED TO REIMBURSE TO THE YESHIVA THE FULL AMOUNT OF THE TUITION ASSISTANCE GRANTED. I ALSO UNDERSTAND THAT THE YESHIVA RESERVES THE RIGHT		
TO REEVALUATE THE TUITION ASSISTANCE GRANTED DURING THE 2019/2020 SCHOOL YEAR, AND A CHANGE IN		
MY FINANCIAL STATUS REQUIRES MY NOTIFYING THE YESHIVA. I HAVE INCLUDED A COPY OF MY MOST RECENT		
IRS FORM 1040		
Signaturo	Spauso's Signatura	Data