



2010-2011 TUITION ASSISTANCE APPLICATION

*Tuition Assistance Applications are due **February 1, 2010** for returning families.
Warning: Late applications will **only** be considered if scholarship funds are available.
Late Applications will receive significantly less funding
than applications which are filed in a timely manner.*

Thank you for enrolling your students at Kadima! We make a sincere effort to ensure that all students are given the opportunity to attend our phenomenal school.

The most important factors in determining the amount of tuition assistance which a family receives are the following: The family's income and ability to pay, the amount paid by other families in similar circumstances, and the total amount of tuition assistance dollars available.

Your openness and honesty in completing this application will enable the committee to be as fair as possible to you, as well as other families who request Tuition Assistance.

Please note the following key points:

- Tuition Assistance is available for Gesher, Elementary (Kindergarten thru 5th Grade) and Middle School (6th to 8th Grade). Tuition Assistance is not available for Early Childhood Education Center tuition.
- **One Tuition Assistance Application should be completed per family.** All children who will be attending any of Kadima's school divisions should be listed on a single application.
- There is a **non-refundable fee of \$50** to process your Tuition Assistance Application. This fee is used to cover the costs of administering the Tuition Assistance program, including covering costs such as credit reports and IRS tax return checking.

Awards will only be granted to STUDENTS ENROLLED at Kadima or NEW APPLICANTS who have completed the admission process and have been accepted.

- In the event that you decline your enrollment because the Tuition Assistance granted is insufficient, your Application Fee and TA Application Fee are non-refundable.
- Tuition Assistance Awards are contingent upon review of your 2009 tax return, which is due by April 15, 2010.
- **PLEASE DO NOT SUBMIT ORIGINAL DOCUMENTS – CLEAR COPIES ONLY!** Kadima assumes no responsibility for the loss of any original documents that you submit. We recommend that you keep a copy of your completed Tuition Assistance application. Incomplete applications will be returned and will not be brought to the Tuition Assistance committee for review.

If you have any questions, please contact Arnold Rudnick in the finance office at 818-346-0849 x115.

INSTRUCTIONS/CHECKLIST

Please make sure you have filled out your application completely and check off all items attached.

All materials should be submitted to the finance office at Kadima.

NAME _____

1. **2010-11 KADIMA TUITION ASSISTANCE APPLICATION**, including the:
FAMILY & FINANCIAL INFORMATION (pages 3-6);
COMMITMENT FORM - Indicate the form of assistance you will be able to give the school;
PERSONAL STATEMENT - You may use this section to explain:
Why both parents are not working (if applicable);
Any unusual circumstances that you feel the committee should consider;
Anything that you feel may not be clear to the committee from your answers;
All reasons why any of the information requested is not fully available;
Any additional information not asked for on the forms that will help the committee understand your situation.
INFORMATION RELEASE – Authorizing KHA to obtain your credit report and verify other information;
DECLARATION – Confirming your understanding and agreement of the application process;
IRS FORM 4506 “Request for Copy of Tax Return” – which authorizes Kadima to receive copies of your tax return from the government.

2. **Submit copies of your 2007 and 2008 Federal and State Tax Returns**, including copies of all W-2, 1098 and 1099 Forms. If you are self-employed, a partner in a business and/or an officer/owner of a corporation, you must also submit partnership or corporate tax returns and 2009 financial statements or projections.

Please Note: Current financial information is critical to the financial aid process. The Financial Aid Committee cannot consider your application until these documents are submitted. Delays in submission of financial information may jeopardize your ability to receive Tuition Assistance. If you received Tuition Assistance from KHA last year, you do not need to resubmit your 2007 tax returns.

3. **Submit copies of your 2009 W-2, 1098 and 1099 Forms**. If you are employed, submit copies of your three (3) most recent pay stubs.

4. If you are receiving any form of government assistance (welfare, unemployment, disability, etc.) please submit copies of your two (2) most recent checks and copies of letters from the government or private insurance company verifying your status.

5. If you have leased or purchased a **home** or **car** since January 1, 2007, OR if you have refinanced your home or other property since that time, please submit copies of **ALL** credit and loan applications, purchase agreements and leases.

6. Other documentation to support situations such as medical bills, debts, tuition to other private school or colleges, etc. If you have another child at another school or university, do you anticipate receiving financial assistance from school? If yes, please explain and attach any award letters.

7. **A Check or Money Order in the amount of \$50** must be submitted with your completed application. This fee is non-refundable.

Return your completed application, including this checklist to: Arnold Rudnick
Kadima Day School
7011 Shoup Avenue
West Hills, CA 91307

(Please Print)

STUDENT INFORMATION

Student's Name (Last, First): _____

Date of Birth _____ Gender (M/F) _____ Grade Entering in Fall 2010 _____

How much do you estimate you and/or your spouse can pay toward this child's tuition annually: \$ _____

Student Lives With: ___Both Parents ___ Mother ___Father ___Stepmother ___ Stepfather ___ Other

Student's Name (Last, First): _____

Date of Birth _____ Gender (M/F) _____ Grade Entering in Fall 2010 _____

How much do you estimate you and/or your spouse can pay toward this child's tuition annually: \$ _____

Student Lives With: ___Both Parents ___ Mother ___Father ___Stepmother ___ Stepfather ___ Other

Student's Name (Last, First): _____

Date of Birth _____ Gender (M/F) _____ Grade Entering in Fall 2010 _____

How much do you estimate you and/or your spouse can pay toward this child's tuition annually: \$ _____

Student Lives With: ___Both Parents ___ Mother ___Father ___Stepmother ___ Stepfather ___ Other

PARENT INFORMATION

MOTHER'S NAME	
OCCUPATION	
EMPLOYER	
E-MAIL	

FATHER'S NAME	
OCCUPATION	
EMPLOYER	
E-MAIL	

FAMILY INFORMATION

Children not attending Kadima:

Name	Age	M/F	Grade	School Attending	Tuition Paid

People In Household: Please list the names and ages of all family members (including yourself) living with you in your house.

Name	Relationship	Age

INCOME INFORMATION

Please remember to submit your tax returns and other financial statements as explained in the instructions on p.2.

Do you anticipate a change in your 2010 household income? YES NO

If yes, please complete the following questions:

What do you anticipate your income to be for the coming year? _____

Please indicate the reason for the change: _____

EXPENSE INFORMATION

Do you rent or own your primary residence?	RENT OWN OTHER
Monthly rent or mortgage payment. (Include principal, interest, taxes and home insurance.)	\$
Total credit card debt. (Do not include balances that are paid in full each month.)	\$
Total of all minimum amounts due on monthly credit card statements.	\$
Monthly student loan payments for family members no longer attending college.	\$
Other monthly loan payments. (Please describe: _____)	\$
Health Insurance Expenses. (Do not include health insurance paid by employer.)	\$
Auto expenses. (Include maintenance and insurance.)	\$
Medical expenses. (Out of pocket expenses not paid by insurance.)	\$
College expenses (Number of family members attending college Fall 2010: _____)	\$
Child/Day Care Expenses. (Do not include PK/Gesher expenses listed above.)	\$
Summer Camp Expenses. (Number of children attending camp Summer 2010 _____)	\$
Elder care expenses. Number of people for whom you pay elder care expenses: _____)	\$
Other: (Please describe: _____)	\$

ASSETS/LIABILITIES

PROPERTY

List all property which either or both parents' name(s) appears on the title of the deed ***or they have any interest of any nature whatsoever***. Any omission will constitute a material misrepresentation.

	<u>PROPERTY #1</u>	<u>PROPERTY #2</u>	<u>PROPERTY #3</u>
Address of Property:	_____	_____	_____
City, State, & Zip:	_____	_____	_____
Type of Property:	_____	_____	_____
Title in Name of:	_____	_____	_____
Date Purchased:	_____	_____	_____
Purchase Price:	\$ _____	\$ _____	\$ _____
Present Market Value:	\$ _____	\$ _____	\$ _____
FIRST MORTGAGE			
To Whom Payable:	_____	_____	_____
Monthly Payment:	\$ _____	\$ _____	\$ _____
Balance Owed:	\$ _____	\$ _____	\$ _____
SECOND MORTGAGE			
To Whom Payable:	_____	_____	_____
Monthly Payment:	\$ _____	\$ _____	\$ _____
Balance Owed:	\$ _____	\$ _____	\$ _____

Have any of these properties been refinanced since January 1, 2007? YES NO

If yes, dates: Property # 1 _____ Property # 2 _____ Property # 3 _____

Are you living in a house paid for by other relatives? YES NO

If yes, indicate the monthly amount paid by relatives: \$ _____

If you own more than three properties, please provide the same information as above on a separate sheet of paper and number 5a.

VEHICLE INFORMATION

Have you purchased or leased any vehicles after January 1, 2007? YES NO

If yes, attach a copy of your invoice, contract, or lease agreement.

Fill in this information for your 2 newest vehicles:

Car #1: Lease or Own

Car #2: Lease or Own

Make _____

Make _____

Model _____

Model _____

Year _____

Year _____

License Plate # _____

License Plate # _____

Down Payment \$ _____

Down Payment \$ _____

Monthly Payment \$ _____

Monthly Payment \$ _____

Purchase Price \$ _____

Purchase Price \$ _____

In addition to the above, do you own or have use of any other cars, trucks, motorcycles, motor homes, RVs, boats or similar vehicles? Yes No

If yes, provide the same information as above on a separate sheet and attach hereto and number 6a.

Are you in the process of, or have you ever declared bankruptcy? Yes No

If yes, please give the dates and details on another sheet and number page 6b.

Are you divorced? YES NO Date: _____ Separated? YES NO Date: _____

If you answered yes to either situation, please outline the financial responsibilities of the parent who is *not* filling out this form. Attach copies of *all* court orders, settlement agreements, etc.

If there is any other information regarding your financial condition that you feel would assist the Financial Assistance Committee in understanding your situation, please check this box and attach a letter explaining the details.

COMMITMENT FORM

I/We understand that Kadima is able to offer tuition assistance in part because of the generous support of both the parent body and the wider community. This support includes providing goods and/or services such as helping in fundraising activities and other school events. My/Our submission of the tuition assistance application indicates our intent and willingness to join in this commitment.

MOTHER

FATHER

Name _____

Employer _____

Occupation _____

Special Skills _____

New goods or merchandise we can obtain and donate (please be specific):

Times and days that I (we) are generally available to assist at school or for school projects:

Other ways I can help Kadima Day School:

Day Phone: _____

Evening Phone: _____

Cell/Pager: _____

Signature: _____
Mother *Date* _____ *Father* *Date* _____

AUTHORIZATION TO RELEASE INFORMATION

I/We hereby authorize _____ to copy, allow inspection of and/or release any and all records, documents and information, whether considered confidential, privileged, private or otherwise, in your custody or control, including, but not limited to, all loan applications and documents submitted therewith, tax returns, financial information, account record and credit information to Kadima Day School, its agents and credit reporting agencies. I/We request that you fully cooperate with Kadima Day School. I/We waive all rights of confidentiality and release the above party from any and all liability for providing the requested information.

Mother's Signature

Father's Signature

Print Name

Print Name

Driver License # and State

Driver License # and State

Social Security #

Social Security #

DECLARATION

In the event that Kadima grants Tuition Assistance and later determines that information given on this application is incorrect or incomplete, this will be considered a material misrepresentation and/or a material breach of contract. In this event, Kadima reserves the right to do any of the following:

- A. to retroactively revoke all financial assistance granted,
- B. to terminate the student's attendance at school, and
- C. to exercise any and all other rights contained in the enrollment contract and as provided by law, to collect the FULL TUITION for the school year including interest at 12% per annum beginning on the date tuition would have been due as well as reasonable attorney's fees and all collection costs, including attorney's fees for collection.

Each application received by the Tuition Assistance Committee will be held in the strictest confidence. The Tuition Assistance Committee respects your privacy and takes this obligation very seriously. The Tuition Assistance Process is completely confidential.

The Committee will not share your financial information with anyone, and asks that you keep all tuition assistance decisions private.

To be considered for Tuition Assistance, each applicant must agree to keep all aspects of the process and any potential award strictly confidential.

We (I) declare as follows:

- 1. We (I) have read, understand and agree to all of the conditions for Financial Assistance.
- 2. All information submitted in and in support of this application is fully accurate and complete.
- 3. We (I) have attached true and complete copies of all documents and materials requested.
- 4. We (I) authorize the school authorities to conduct an asset search, income, and/or credit check and/or engage a qualified agency to perform these activities.
- 5. We (I) agree to keep all aspects of the financial assistance process confidential and not to share our (my) award amount with anyone.

We (I) declare under penalty of perjury under the laws of the State of California that all information set forth in and attached to this application is true and correct. Signed in Los Angeles County, California on the ____ day of _____, 2009.

Father's Signature *Print Father's Name* (____) _____
Home Phone Number

Mother's Signature *Print Mother's Name* *Home Phone Number*

Home Address of Father:

Home Address of Mother (if different):

*For office use only: Date received: _____ Application fee: _____ Check _____ Cash _____
Credit Report ordered: _____ Property Check ordered: _____ Tax Transcripts ordered: _____*

Request for Copy of Tax Return

- ▶ **Do not sign this form unless all applicable lines have been completed.**
Read the instructions on page 2.
- ▶ **Request may be rejected if the form is incomplete, illegible, or any required line was blank at the time of signature.**

Tip: You may be able to get your tax return or return information from other sources. If you had your tax return completed by a paid preparer, they should be able to provide you a copy of the return. The IRS can provide a **Tax Return Transcript** for many returns free of charge. The transcript provides most of the line entries from the tax return and usually contains the information that a third party (such as a mortgage company) requires. See **Form 4506-T**, Request for Transcript of Tax Return, or you can call 1-800-829-1040 to order a transcript.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code	
4 Previous address shown on the last return filed if different from line 3	
5 If the tax return is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax return.	

Caution: DO NOT SIGN this form if a third party requires you to complete Form 4506, and lines 6 and 7 are blank.

6 Tax return requested. (Form 1040, 1120, 941, etc.) and all attachments as originally submitted to the IRS, including Form(s) W-2, schedules, or amended returns. Copies of Forms 1040, 1040A, and 1040EZ are generally available for 7 years from filing before they are destroyed by law. Other returns may be available for a longer period of time. Enter only one return number. If you need more than one type of return, you must complete another Form 4506. ▶ _____

Note. If the copies must be certified for court or administrative proceedings, check here.

7 Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than eight years or periods, you must attach another Form 4506.

____ / ____ / ____	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____
____ / ____ / ____	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____

8 Fee. There is a \$57 fee for each return requested. Full payment must be included with your request or it will be rejected. Make your check or money order payable to "United States Treasury." Enter your SSN or EIN and "Form 4506 request" on your check or money order.	\$ 57.00
a Cost for each return	
b Number of returns requested on line 7	
c Total cost. Multiply line 8a by line 8b	\$

9 If we cannot find the tax return, we will refund the fee. If the refund should go to the third party listed on line 5, check here

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax return requested. If the request applies to a joint return, **either** husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506 on behalf of the taxpayer.

	Telephone number of taxpayer on line 1a or 2a ()
▶ Signature (see instructions)	Date
▶ Title (if line 1a above is a corporation, partnership, estate, or trust)	
▶ Spouse's signature	Date

Sign Here

General Instructions

Section references are to the Internal Revenue Code.

Purpose of form. Use Form 4506 to request a copy of your tax return. You can also designate a third party to receive the tax return. See line 5.

How long will it take? It may take up to 60 calendar days for us to process your request.

Tip. Use Form 4506-T, Request for Transcript of Tax Return, to request tax return transcripts, tax account information, W-2 information, 1099 information, verification of non-filing, and record of account.

Where to file. Attach payment and mail Form 4506 to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual returns (Form 1040 series) and one for all other returns.

If you are requesting a return for more than one year and the chart below shows two different RAIVS teams, send your request to the team based on the address of your most recent return.

Note. You can also call 1-800-829-1040 to request a transcript or get more information.

Chart for individual returns (Form 1040 series)

If you filed an individual return and lived in:	Mail to the "Internal Revenue Service" at:
District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New York, Vermont	RAIVS Team Stop 679 Andover, MA 05501
Alabama, Delaware, Florida, Georgia, North Carolina, Rhode Island, South Carolina, Virginia	RAIVS Team P.O. Box 47-421 Stop 91 Doraville, GA 30362
Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team Stop 6716 AUSC Austin, TX 73301
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Iowa, Kansas, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	RAIVS Team Stop 37106 Fresno, CA 93888
Arkansas, Connecticut, Illinois, Indiana, Michigan, Missouri, New Jersey, Ohio, Pennsylvania, West Virginia	RAIVS Team Stop 6705-S-2 Kansas City, MO 64999

Chart for all other returns

If you lived in or your business was in:	Mail to the "Internal Revenue Service" at:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Georgia, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Tennessee, Texas, Utah, Washington, Wyoming, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409
Connecticut, Delaware, District of Columbia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia, Wisconsin	RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250

Partnerships. Generally, Form 4506 can be signed by any person who was a member of the partnership during any part of the tax period requested on line 7.

All others. See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the Letters Testamentary authorizing an individual to act for an estate.

Signature by a representative. A representative can sign Form 4506 for a taxpayer only if this authority has been specifically delegated to the representative on Form 2848, line 5. Form 2848 showing the delegation must be attached to Form 4506.

Privacy Act and Paperwork Reduction Act

Notice. We ask for the information on this form to establish your right to gain access to the requested return(s) under the Internal Revenue Code. We need this information to properly identify the return(s) and respond to your request. Sections 6103 and 6109 require you to provide this information, including your SSN or EIN, to process your request. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506 will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 10 min.; **Preparing the form**, 16 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506 simpler, we would be happy to hear from you. You can write to Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. Do not send the form to this address. Instead, see *Where to file* on this page.

Specific Instructions

Line 1b. Enter your employer identification number (EIN) if you are requesting a copy of a business return. Otherwise, enter the first social security number (SSN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Signature and date. Form 4506 must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the return be sent to a third party, the IRS must receive Form 4506 within 60 days of the date signed by the taxpayer or it will be rejected.

Individuals. Copies of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506 exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506 can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer.