

LUBAVITCH GIRLS HIGH SCHOOL OF CHICAGO

APPLICATION FOR SCHOLARSHIP ASSISTANCE-SCHOOL YEAR 2018-2019

DID YOU APPLY FOR THE INVEST IN KIDS SCHOLARSHIP? Yes _____ No _____

WHAT IS THE OUTCOME? _____

Students Name(s) _____

Date of Birth _____ Entering Grade(s) _____

Address _____ Phone (____) _____ Cell (____) _____

School attended last year _____

Tuition Paid last year _____

Father's Name _____

Occupation _____

Firm's Name _____

Years with Firm _____

Firm's Address _____

Phone (____) _____

Mother's Name _____

Occupation _____

Firm's Name _____

Years with Firm _____

Firm's Address _____

Phone (____) _____

Number of exemptions claimed for 2017 _____

NAME	AGE	NAME	AGE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

1) **TOTAL GROSS FAMILY INCOME**

	ACTUAL 2017	ESTIMATED 2018
a) Salaries		
1) Father	\$ _____	\$ _____
2) Mother	\$ _____	\$ _____
3) Business Income	\$ _____	\$ _____
b) Other Taxable Income		
TOTAL	\$ _____	\$ _____
c) Non-Taxable Income:		
Parsonage	_____	_____
Home-Based Business	_____	_____
Tuition benefits	_____	_____
d) Total Gross Family Income (Add items a, b, c)	\$ _____	\$ _____

Below or on a separate sheet of paper, you may explain any additional extenuating circumstances.

5) NAME, AGE, SCHOOL AND TUITION FOR EACH DEPENDENT IN YOUR FAMILY

Name	Age	School	Tuition
			<u>Paid 2017-2018</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

NOTE: All applications must include a completed and signed Income Tax form, including all schedules, before they will be accepted.

I declare that the information reported on this application to be the best of my knowledge and belief, is true, correct and complete.

Date_____ Signature_____

All information will be kept strictly confidential and for your protection this application will not be kept in the school office.

Please mail to:
 Lubavitch Girls High School
Attention: SCHOLARSHIP COMMITTEE
 6350 N. Whipple St.
 Chicago, IL 60659