

# ASSOCIATION DES ÉCOLES JUIVES ASSOCIATION OF JEWISH DAY SCHOOLS

File Number: \_\_\_\_\_

## CONFIDENTIAL UNIFORM APPLICATION FOR TUITION AID ALLOCATION (T.A.A.) SUPPORTED BY FEDERATION CJA

Name of School: \_\_\_\_\_ Date: \_\_\_\_\_

School Year: 2009/2010

### GENERAL INFORMATION

Family Name: \_\_\_\_\_ Home Telephone #: \_\_\_\_\_

Father's Name: \_\_\_\_\_  
Last Name First Name

Mother's Name: \_\_\_\_\_  
Maiden Name First Name

Family Address : \_\_\_\_\_

Previous address if changed in the last 2 years

Marital Status:     Married         Separated         Divorced         Widow/Widower         Other

If you are separated or divorced, address of the other parent.

Children Living with:     Both Parents         Mother         Father         Other

Person Responsible for School Fees: \_\_\_\_\_

List all children below:

Name of child	Age	Name of educational institution currently being attended 2007/2008	Present Grade 2007/2008	Total Tuition Fees paid in 2007/2008	Living at home	
					Yes	No
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Total number of family members : \_\_\_\_\_

**SPECIAL CIRCUMSTANCES**

Please detail special circumstances in your family which create an extra financial burden :

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**REVENUE SOURCES**

This section must be completed by both parents (regardless of marital status).

Complete the following for both:	<input type="checkbox"/> Father <input type="checkbox"/> Guardian	<input type="checkbox"/> Mother <input type="checkbox"/> Guardian
<b>AN EMPLOYEE:</b>		
Occupation		
Name of employer		
Address of employer		
Telephone number		
Years at this employment		
Current annual income : Gross		

Father    Guardian    Mother    Guardian

<b>IF SELF EMPLOYED:</b>		
Nature of business/profession		
Name of firm		
Address of firm		
Telephone number		
Current annual income: Gross		

Father    Guardian    Mother    Guardian

<b>OTHER INCOME:</b>		
Employment Insurance		
Quebec Childcare Allowance (Paid Quarterly)		
Canada Childcare Tax benefit (Paid Monthly)		
Federal Universal Childcare Benefit (Child under 6. \$100 paid Monthly)		
Rental Income		
Alimony / Child Support		
Welfare		
Student Grants		
Other		



