

**FINANCIAL ASSISTANCE APPLICATION**  
PEORIA HEBREW DAY SCHOOL  
5614 N. University St. Peoria, IL 61614 Ph. 692-2821  
for school year \_\_\_\_\_ - \_\_\_\_\_

NAME \_\_\_\_\_  
Father \_\_\_\_\_ Mother \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME TELEPHONE \_\_\_\_\_

OCCUPATION \_\_\_\_\_

TITLE \_\_\_\_\_

EMPLOYER \_\_\_\_\_

BUSINESS TELEPHONE \_\_\_\_\_

MARTIAL STATUS \_\_\_\_\_

Student (s) Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

**Information for all persons in family claimed on IRS forms as deductions:**

Name	Age	Attend tuition charging school?	Tuition
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**Expected assistance available for next school year for any student in a tuition charging institution:**

Name	Name of School	Amount of Assistance
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**Amount of financial assistance requested to meet the PHDS tuition?**

**We have checked this form for omissions and errors. To the best of our knowledge the information reported herein is complete and correct. We agree to be interviewed by the Committee on Tuition and Fees, if requested to do so.**

**Signatures:** \_\_\_\_\_

**Please attached your 1040 U.S. Income Tax Form for 2009**