



Kindly Print or Type

60 East 78th Street New York, NY 10075

Tel: 212-774-8035

Email: tuitionassistance@ramaz.org

APPLICATION FOR TUITION ASSISTANCE 2025-2026

STATEMENT OF SCHOOL POLICY

Ramaz deeply believes that tuition assistance is an essential expression of our values and critical for our families whose circumstances require such assistance. The monies used for tuition assistance come from the Ramaz Scholarship Fund, solicited from parents, alumni, and other friends of the school. Ramaz has an obligation to provide careful stewardship of the Fund so as to maximize the amount of assistance it can offer. Scholarships are assigned to qualified applicants whose families are not able to meet the full cost of tuition. Scholarships are granted for a period of one year only. It is the obligation of each tuition assistance applicant/recipient to inform the Office of Tuition Assistance immediately of any change in circumstances that might justify reconsideration of the amount of the grant.

Due Date and Additional Information

Please remember that the Ramaz Tuition Assistance Application should be submitted by **April 15, 2025**. If you have any questions concerning the Ramaz Tuition Assistance Application or the tuition assistance process, please email **tuitionassistance@ramaz.org**.

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Student's Name	Student ID	Grade as of September 2025
Student's Name	Student ID	Grade as of September 2025
Student's Name	Student ID	Grade as of September 2025
Student's Name	Student ID	Grade as of September 2025
Student's Name	Student ID	Grade as of September 2025
Student's Name	Student ID	Grade as of Sentember 2029

THIS APPLICATION CANNOT BE REVIEWED UNTIL ALL PREVIOUS FINANCIAL OBLIGATIONS HAVE BEEN MET.

In the event of a divorced family, both parents are required to apply for Tuition Assistance in order for the application to be considered.

A. CONTACT INFORMATION

(ANSWER ALL QUESTIONS. IF NOT APPLICABLE, ENTER "N/A". DO NOT LEAVE BLANK.)

FATHER:

Name and Title	Social Security Number			
Home Address				
:	Street Address	City	State	Zip
Home Telephone		Cell Phone _		
Email Address				
Employer				
	hat is your relationship to the ov			
	or partnership that you control opens for your business(es) for mos		•	
Benefits provided by you	r company and estimated annua	al cost/value:		
Health		Auto		_
Tuition Reimbursement		Other		-
MOTHER:				
Name and Title		So	cial Security Number	
Home Address				
	Street Address	City	State	Zip
Home Telephone		Cell Phone _		
Email Address				
Occupation		Position		
Employer				
	hat is your relationship to the ov			
	or partnership that you control opensions for your business(es) for mos			
Benefits provided by you	r company and estimated annua	al cost/value:		
Health		Auto		_
Tuition Reimbursement		Other		-
If father and/or mother hol	d more than one job, please pho	otocopy this page and fill ou	it above information in relation	n to each job.
Parent(s) is/are now (check		1, 1,0-1, 1,0-1		•
□Married	□Separated	□Single Parent	□Divorced	
☐ Father deceased	□ Mother deceased	☐ Mother remarried	☐ Father remarried	

Document Checklist
The following information MUST be supplied with the tuition assistance
application:
Copy of your 2024 and 2023 year-end mortgage statements for all properties you own, including for your primary residence, secondary residence, time-share, or business property.
Copy of all leases (payment terms page only) and the most recent rent receipt or cancelled check for all properties you rent, including your primary residence and business property.
Copy of both parents' valid driver's licenses.
Copy of your 2024 real property tax bill(s).
Copy of camp bills for all children and summer rental receipts or lease agreements. (See Section B.3)
Copy of school bills (including college and graduate school) and scholarship decisions for all children for 2022-23, 2023-24, and 2024-25.(See Section B.2)
Copy of bank statements for the months of January 2024 through February 2025. (See Section C)
Copy of credit card statements and points/mileage statements for the months of January 2024 through February 2025.
If separated or divorced, submit a complete copy of the divorce decree, separation agreement, or court order of support, verifying the party responsible for payment of tuition.
☐ Signed IRS Form 4506T (enclosed tax information authorization) for parents and children.

	ols (other than Ramaz) t BMIT COPIES OF TUITION					d in the last two	
Child's Name	Grade	Sch	ool	Gross Tuition	Net Tuition After Assistance	Amount Actually Paid	Name of person who Paid
24-2025:							
hild's Name	Grade	Scho	ool	Gross Tuition	Net Tuition After Assistance	Amount Actually Paid	Name of person who Paid
2025-2026:							
nild's Name	Grade	Scho	ool	Gross Tuition	Net Tuition After Assistance	Amount Actually Paid	Name of person who Paid
	e(s) of your child/ren ar mer of 2024 and to be a					programs or acti	vities
Child	Camp/Program Ad	ctivity	Cost	Source	of Funds: Parent, F	inancial Aid, Loa	an, Other

B. GENERAL (ANSWER ALL QUESTIONS. IF NOT APPLICABLE, ENTER "N/A." DO NOT LEAVE BLANK.)

1. Please explain in detail the nature and cost of all extra-curricular, college prep, tutoring or weekend activities in which your

Please use a separate piece of paper, if needed:

4. Please list any trips or vacations that you or your family have taken in 2023 or 2024 or plan to take in 2025. Please include the cost and length of the trip and the name of the person who paid it.

Thanksgiving	Destination	Cost	Name of Person Who Paid
2023			
2024			
2025			
Winter			
2023			
2024			
2025			
Pesach			
2023			
2024			
2025			
Summer			
2023			
2024			
2025			
Other			
2023			
2024			
2025			

5. Please list any purchases or expenditures of \$5,000 or more that you or your immediate family have made in 2023 and 2024 or plan to make in 2025, other than those already separately detailed on this application. Do not include auto purchases or leases, tuitions, or other expenses that are separately detailed in Sections B or C.3.

Year	Description of Purchase	Cost	Name of Person Who Paid

6. Fundin	ng:		
	u receive any of the following funding subsidies? ployment □ Severance □ Disability □ Food	Stamps □WIC □Welfa	ire \square Other
If any box	xes are checked, please provide amount:		
any gifts i	23, 2024 or 2025, did you (or do you expect to) receive in excess of \$1,000 per year from any source (parents, gease detail by year.		
Year	Funding/Gifts (including	amounts and description/expla	unation)
2023			
2024			
2025			
b. Do you If yes, p c. Have you d. Are you e. Have you g. Have you If yes, h. Are you	indicate any synagogue or other community affiliations a have household help? Yes No please indicate how many days and hours per week and you made a Bar/Bat Mitzvah and/or wedding this past year? You made any major home improvements this past year? You planning any home improvements this year? Yes You purchased, rented, or moved to a new primary or see please approximate cost: You planning on purchasing, renting, or moving to a new primary please approximate cost: Yes You planning on purchasing, renting, or moving to a new primary please approximate cost: Yes Yes Yes Yes Yes Yes Yes Yes	weekly cost:ear?	approximate cost: proximate cost: proximate cost: cost: r? □Yes □No
Please su	ONAL ASSETS (FILL IN ALL BOXES. IF NOT APPLICABLE, EN upply the latest bank, brokerage and retirement statem e United States.	•	,
1. Assets		Current Value Parents	Current Value Children
	al bank/checking accts, CDs, money market, etc.)		
	nts (stocks, bonds, mutual funds, etc.)		
Total Cash	n and Investments		

2. Real Estate*

Primary Residence	nce	Resid	Primary
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Secondary Residence

Current value	Current value
Purchase price	Purchase price
Year purchased	Year purchased
Down payment amount	Down payment amount
Current interest rate	Current interest rate
Amount remaining on mortgage	Amount remaining on mortgage
Years remaining on mortgage	Years remaining on mortgage

All other Real Estate (current value)	
All other investments, including investments in private securities, companies, partnerships, corporations, LLCs, etc. (higher of purchase price or current value)	

3. Transportation

Please provide information about all automobiles, boats and all other means of transportation owned or leased by you or provided to you or your family by any corporate entity or partnership:

Make	Make	Make
Model & Year	Model & Year	Model & Year
Year Purchased/Leased	Year Purchased/Leased	Year Purchased/Leased
Purchase Price	Purchase Price	Purchase Price
Monthly Lease Payment	Monthly Lease Payment	Monthly Lease Payment
Lease Expiration Date	Lease Expiration Date	Lease Expiration Date
Monthly Garage Costs	Monthly Garage Costs	Monthly Garage Costs

4. Other Assets – PLEASE PROVIDE ALL RELEVANT ACCOUNT STATEMENTS

	Value as of 12/31/2023	Amount you contributed in 2023	Amount employer contributed in 2023
401K/403B/Pension/IRA			
Trusts			
Other Partnership Interests			
Section 529			
Insurance Policies			
	Value as of 12/21/2024	Amount you	Amount employer

	Value as of 12/31/2024	contributed in 2024	contributed in 2024
401K/403B/Pension/IRA			
Trusts			
Other Partnership Interests			
Section 529			
Insurance Policies			

^{*} Please include the information requested in this section with regard to all real estate directly or indirectly owned or leased by you or by any corporate entity, partnership, or other structure in which you own an interest. Please attach additional sheets as needed.

D. ANNUAL INCOME (FILL IN ALL BOXES. IF NOT APPLICABLE, ENTER "N/A." DO NOT LEAVE BLANK.)

	2024 (actual)	2025 (projected)
Father's salary & bonuses (match box 1 of W-2)		
Mother's salary & bonuses (match box 1 of W-2)		
Dividend/Interest (total all sources)		
Capital gain/loss		
All other investment income/losses (specify nature of investment)		
All business income/loss		
All non-taxable income (municipal bonds, etc.)		
Tax refunds (Federal, state, city)		
Pension/Disability/Unemployment Income		
Alimony/Child Support		
Untaxed income & benefits: deductible IRA and/or Keogh		
Earned Income Credit		
Housing, food, other allowances		
Gifts and/or assistance from family (See Section B.6.b above)		
Rental income		
K-1 Income (please submit all K-1's)		
Other sources of income		
Totals:		

E. MAJOR EXPENSES (FILL IN ALL BOXES. IF NOT APPLICABLE, ENTER "N/A." DO NOT LEAVE BLANK.) (List total yearly expenses for each item)

2024 (actual) 2025 (projected) Rent Mortgage (principal and interest) (See Section D above) **Real Estate Taxes** Alimony/Child Support Car Loans/Lease Payments (total all cars) (See Section C.3) Garage Costs Child Care/Domestic Help (See Section B.7.b) Non-Ramaz Tuitions (See Section B.2) Summer Camp Tuitions (See Section B.3) **Home Equity Loans** Other Bank Loans Credit Cards Other **Totals:**

G. ASSISTANCE REQUESTED State the maximum amount of tuition you can afford to pay per child for each child attending Ramaz, inclusive of registration and fees in the coming year. \$/child. (Please note that this does not include transportation.)
Please use the space below to provide any additional information that might help the Committee understand your application request and specifically how the amount of tuition that you can afford stated above was derived. (You may attach additional sheets.)

Please remember that the Ramaz Tuition Assistance Application should be submitted by April 15, 2025. If you have any questions concerning the Ramaz Tuition Assistance Application or the tuition assistance process, please email tuitionassistance@ramaz.org.

J. SIGNATURES

APPROVED:

By your signature below, you authorize Ramaz to procure a consumer report, including an "investigative consumer report" containing information as to your character, general reputation, personal characteristics, and/or lifestyle, to investigate all statements made in connection with this scholarship application, and to obtain any transcripts, records or documents pertaining to your credit worthiness, background or education.

Should an investigative consumer report be requested, you have the right, upon written request, to be informed that such a report was requested, furnished with the name and address of the consumer reporting agency to whom such request was made, and provided with a complete and accurate disclosure of the nature and scope of the report requested. You hereby release, to the maximum extent permitted by law, Ramaz, and its officers, trustees, administrators, employees, and agents from any and all liability in connection with such reports and/or investigations.

By your signature below, you agree, upon request, to provide information that will verify the accuracy of any information included in your completed application. This information may include U.S. or state income tax forms that you filed or are required to file. Also, you hereby authorize Ramaz to verify any information reported on this application and on your tax returns with your accountant, and to share such information with any foundations or other organizations that are providing financial support to our tuition assistance program.

It is agreed that the grant of tuition assistance is conditioned on full payment, in a timely manner, of the reduced balance due under the enrollment contract. Ramaz will have the right to reverse tuition assistance in the event of payment default.

I/we hereby affirm, acknowledge and agree that (1) UNDER THE PENALTY OF PERJURY all answers given and all information provided on and in connection with this application (including on and in connection with all exhibits and attachments hereto and all other documents required hereunder) are true, accurate, complete and correct and that nothing has been omitted that makes any of the foregoing misleading or incomplete; (2) I/we are obligated to notify Ramaz, within 15 days, of any material change in my/our financial circumstances, which, for the avoidance of doubt, shall in all events include, but not be limited to (i) an increase in income or in net worth in each case greater than \$10,000 (excluding changes by virtue of value fluctuation of real estate or publicly traded securities already owned at the time of this application and listed hereon), (ii) any purchase of any primary or secondary residence, (iii) any change in employment status of either parent or (iv) the receipt of any gift, inheritance, bequest, damages award, judgment or other winnings in excess of \$10,000; and (3) that wherever "you, " "your," "I," "we," "my" or "our" is used herein with respect to the Applicants, such terms shall, in each and every place in which they appear, also be deemed to include all trusts, corporate, and partnership entities in which either mother or father (or mother and father together) own a majority of the shares or interests, or have the power or authority, directly or indirectly, otherwise to control.

I/we further acknowledge and agree that if any of the foregoing representations are not true, complete, and correct, or are materially misleading, I/we shall (1) promptly return all grants and other forms of tuition assistance previously provided at any time (including for all prior years and to any of our children) by Ramaz, together with 12% interest from the date each such grant or other form of tuition assistance was awarded; (2) promptly reimburse Ramaz for any and all costs, fees, and expenses incurred in connection with this application, the enforcement of the rights of Ramaz hereunder and the return of funds in clause (1) above, including without limitation, the costs, fees, and expenses in connection with all attorneys (whether or not originally acting on a pro bono publico basis), accountants, investigators, and courts; and (3) be precluded and disqualified from applying for any future tuition assistance from Ramaz.

Date Signature of Father
ition Assistance Committee: