

Please fill out a separate application for each child, and return it to the synagogue as soon as possible.
Staple your paid invoice or receipt from the school to this application.

SCHOLARSHIP APPLICATION

Today's Date _____

Child's Name _____

Parent(s) Name(s) _____

Address: _____

_____ How long have you lived in the area? _____

Home phone: _____ Work Phone(s): _____

Email: _____

■ Name of Day School _____

■ School Location _____

■ School Tuition \$ _____

■ Dates of Planned Attendance _____

I agree to all the terms and conditions listed above.

Signature

Print name

Signature (spouse)

Print name (spouse)

FOR OFFICE USE ONLY	
Date Rec'd: _____	Approved by: _____
Rabbi ____ Yes ____ No	
Amount Approved: \$ _____	
Check No. _____	Check Date _____
To: _____	