

Congregation Beth Israel
Keshet Center for Jewish Learning
2016-2017 Financial Assistance Application

If you need any assistance with this form please call us at 360 733-8890.

We believe in the importance of families having an active and participatory role in our Jewish Community. It is our goal to make Keshet classes available to as many families as possible, no matter their financial situation. Congregation Beth Israel financial assistance is a *needs based* program. Congregation Beth Israel relies on your honesty regarding your financial assistance. We do not ask for any personal financial documentation.

PLEASE COMPLETE IN ENTIRETY
AND RETURN BY AUGUST 30, 2016
INCOMPLETE FORMS WILL NOT BE CONSIDERED

Name(s): (Last, First) _____
Phone: _____ **Email:** _____
Child(ren)'s name(s): _____

Adult 1 Employment Type: Full-time Part-time Self-employed Student Other
Adult 2 Employment Type: Full-time Part-time Self-employed Student Other

I am a member of Congregation Beth Israel in good financial standing

Please state the reasoning for the need of financial assistance

After reviewing the tuition schedule below, please indicate what you think you can afford:

2016 - 2017 Tuition Schedule

| | |
|--|----------|
| Mazal Tots | \$80.00 |
| Gan Yeladim | \$235.00 |
| K-3rd grade | \$635.00 |
| 4th-6th grade (including Keshet B'lvrit PM Hebrew) | \$935.00 |
| 7th-8th grade students | \$635.00 |
| 9th & 10th grade students (confirmation) | \$235.00 |

Discounts:

* Members are eligible for a Siblings Discount:

\$50 off second student's total tuition; \$75 off third student's total tuition; \$100 off fourth student's total tuition

Please fill out the following table, to calculate the full tuition amount:

| | | | |
|------------------------------|--------|---------------|--|
| First Student: | Grade: | Tuition: + \$ | |
| Second Student: (less \$50) | Grade: | Tuition: + \$ | |
| Third Student: (less \$75) | Grade: | Tuition: + \$ | |
| Fourth Student: (less \$100) | Grade: | Tuition: + \$ | |
| SUBTOTAL | | = \$ | |
| Extra Donation | | + \$ | |
| TOTAL FULL TUITION DUE | | = \$ | |

I/we understand that the amount above is the total full tuition due for our child/ren. Of this amount, I/we can afford to pay \$_____ (Tuition) paid in (check one):

- 10 equal monthly installments (September through June) of \$_____, OR;
- 4 equal installments (on Sept. 15th, Nov. 15, Jan. 15, March 15), OR;
- single payment per year.

Name and grade of student
 Name and grade of student
 Name and grade of student
 Name and grade of student

All financial aid applications are kept strictly confidential. Financial aid funds are limited. **In granting tuition assistance, we ask that you will make every effort to pay your annual pledge for membership in Congregation Beth Israel.**

Signed: _____ **Date:** _____

CBI USE ONLY: Assistance Granted Y N Amount of Assistance Granted _____ Date _____
 Treasurer's Signature: _____ Rabbi's Signature _____