

Congregation Beth Israel

2015-2016 Religious School 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 Religious School 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, 2015
INCOMPLETE FORMS WILL NOT BE CONSIDERED**

Name(s): (Last, First) (Please print) _____

Phone: _____ **Email** (Please print) _____

Child's name(s): _____ **D.O.B.** _____ **Grade** _____

(Please print)

_____ **D.O.B.** _____ **Grade** _____

_____ **D.O.B.** _____ **Grade** _____

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

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

(Please check) ___ I am a member of Congregation Beth Israel in good standing (paid last year's annual pledge in full)

(Please check) ___ I am not a member of Congregation Beth Israel

2015 - 2016 Tuition Schedule

Gan Yeladim	\$235.00
K-3rd grade	\$635.00
4th-6th grade (Religious School and Hebrew School)	\$935.00
7th-8th grade students	\$635.00
9th 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		= \$	
Donation to		+ \$	
TOTAL FULL TUITION DUE		= \$	

What is the total cost tuition for your family without financial assistance? \$ _____

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 amount I/we can afford)

(Please check one)

_____ 10 equal monthly installments (September through June) of \$____, OR;

_____ 4 equal installments (on Sept. 15th, Nov. 15, Jan. 15, March 15), OR;

_____ one single payment

Please state the reasoning for the need of financial assistance (Please attached another page if needed)

All financial aid applications are kept strictly confidential. Financial aid funds are limited. In granting dues assistance, we ask that you will make every effort to pay your annual pledge for membership in Congregation Beth Israel. You may contact Rabbi Samuels or Steve Spitzer, Treasurer with any questions.

Signature: _____ **Date:** _____

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