Congregation Beth Israel Kesher Center for Jewish Learning Children and Youth Sunday Program 2018-19 Financial Assistance Application

If you need any assistance with completing 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 Kesher 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 31st, 2018 INCOMPLETE FORMS WILL NOT BE CONSIDERED

Name(s): (Last, First)					
Phone:			Email:		
Child(ren)'s name(s):					
Adult 1 Employment Type:					Other
Adult 2 Employment Type:	Full-time	Part-time	Self-employed	Student	Other
I am a member of Congre	gation Beth Is	rael in good fina	ncial standing		
Please let us know why yo	u are request	ing financial as	sistance		

Please use this tuition schedule to calculate the full tuition due (see next page), then indicate what you think you can afford:

2018 - 2019 Tuition Rates by Grade

Grade	Fee
Mazal Tots 0-2 (meets monthly)	\$80
Gan Yeladim 3-5	\$450
K-3rd grade	\$650
4th-6th grade (including Kesher B'Ivrit Hebrew program)	\$950
7th grade (including B'nei Mitzvah training)	\$1050
8th grade	\$650
9th-10th grade (Confirmation, meets monthly)	\$350
Early Bird Discount (if registered before July 15)	-\$25/student

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

- _____ 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 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	