

Congregation Beth Israel
Keshet Center for Jewish Learning
Children and Youth Sunday Program
2019-20 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 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 31st, 2019
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 let us know why you are requesting financial assistance

2019 - 2020 Tuition Rates by Grade

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

Grade	Fee
Mazal Tots 0-2 (meets monthly)	\$120
Gan Yeladim (ages 3-5)	\$450
K-6 th , 8th grade	\$720
7th grade (including B'nei Mitzvah training)	\$1250
9th-10th grade (Confirmation, meets monthly)	\$360
Early Bird Discount (if registered by August 15)	-\$25/student

Discounts: * **Beth Israel members** are eligible for Sibling Discounts:

\$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 \$_____ (total full tuition due) 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 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 _____