

Chabad Hebrew School Scholarship Application

Personal Information

Father's Name: _____

Home Phone Number: _____

Work Phone Number: _____

Mobile Phone: _____

Occupation: _____

Mother's Name: _____

Home Phone Number: _____

Work Phone Number: _____

Mobile Phone: _____

Occupation: _____

Address: _____

City, State, Zip _____

Financial Information

Do you Own Rent Monthly rent or mortgage payments: \$ _____

Employer's Name, Address and Telephone number of:

Father: _____

Mother _____

Current gross monthly earnings: Father: \$ _____ Mother: \$ _____

Number of children in family: _____

Does your child (ren) attend private school? Yes No If Yes, Name of school:

Tuition per school year: \$ _____

I can afford to pay a total of \$ _____ per month for my child(ren) to attend the Chabad Hebrew School.

Please State the reason(s) why you feel a scholarship should be granted in your situation.

Please print or type.

I hereby give the Chabad Hebrew School permission to look into my place of employment, my children's schools or any other information on this form for verification.

Signature

Date

This Scholarship application must be accompanied by an application for Chabad Hebrew School.

ALL INFORMATION WILL BE KEPT IN STRICT CONFIDENCE