

CONGREGATION EZRAS ISRAEL/DR. HYMAN MOLOTSKY
EDUCATIONAL GRANT PROGRAM APPLICATION FOR 2018 - 2019 ACADEMIC YEAR
APPLICATIONS MUST BE RECEIVED ANNUALLY FOR CONSIDERATION
DATE DUE: March 31, 2019

Please complete Section A and Section B.

SECTION A. MEMBERSHIP INFORMATION. PLEASE PRINT CLEARLY

PRIMARY MEMBER'S NAME: _____
First Last

First Last

ADDRESS: _____
Street City State Zip

Phone #'s: _____
Home Business Cell

Email: _____
email address

Seat Location of Membership: (Circle) Sanctuary Mechitza Minyon Hashkamah Minyon

**Type of Membership: (Circle) Family Individual Associate
(membership with no seats)**

SECTION B. DAY SCHOOL EDUCATION GRANT

Child(ren) for whom application is being made: PLEASE PRINT CLEARLY

- | | | |
|--|-----------------------------|----------------------|
| 1. _____
Child's Name (First, Last) | _____
School and Address | _____
Grade Level |
| 2. _____
Child's Name (First, Last) | _____
School and Address | _____
Grade Level |
| 3. _____
Child's Name (First, Last) | _____
School and Address | _____
Grade Level |
| 4. _____
Child's Name (First, Last) | _____
School and Address | _____
Grade Level |

Where are funds to be applied ? (Circle) Tuition Fund Raising (If Mandatory)

I/We understand that the provisions of the Congregation Ezras Israel Education Grant Program require that all of my/our financial obligations to the Congregation for past years, and the dues for the current year must be paid PRIOR to the processing of this Application. Grants, when processed, will be paid directly to eligible schools. I/We further understand that: If I/We have applied for a DAY SCHOOL GRANT, the grant will be \$250 per child (Kindergarden thru-12) and in any event, the total grant to my/our family will not exceed my/our yearly membership dues. Associate members can only receive a \$180 grant.

Date: _____