

Gan Israel Preschool

Application for Preschool Fee Reductions and Scholarship Agreement

Child _____

Parent _____

Address _____

Phone _____ e-mail _____

Gan Israel Preschool agrees to provide scholarship assistance as indicated:

- ☐ Level 1 (2 days)based on availability. Amount\$ _____
- ☐ Level 2 (3 days) per week based on availability. Amount \$ _____
- ☐ Level 3 (50% off) tuition based on schedule. Amount\$ _____

Start Date _____ to End Date _____

Based on the monthly tuition cost, what portion are you able to pay? _____

Families receiving tuition assistance will be required to contribute volunteer hours to the school. This will be arranged with the Director.

Please state reasons you are requesting a scholarship for your child.

Conditions and Acceptance

1. All prior outstanding balances with Gan Israel must be paid in full.
2. A conference is required with the Director to determine the need and assistance.
3. The scholarship may be modified upon improvement of the financial situation of the family.

I agree to the conditions for acceptance and hereby accept the scholarship grant.

Parent or Guardian Signature

_____ Date _____