



Congregation Shir Hadash
Kulanu Tuition Scholarship Application

Name: _____ Date: _____

Phone Number: _____ Email Address: _____

Upcoming School Year: _____ (ex: 2020-2021)

Child(ren)'s names and grade(s) in the upcoming school year:

Which programs will your child(ren) be enrolled in?

_____ (ex: Kulanu Learning, Kulanu Hebrew, JET)

I. Request for alternate payment schedule:

I/We am/are unable to pay the full amount of fees according to the schedule on the worksheet. The total amount of fees due is \$_____. I/We propose to pay this amount over time as follows: (Example: My fees are \$450; I/we will pay \$150 with registration and \$50/month over the next six months).

II. Request for scholarship funds: (These funds are limited, but we make our best effort to accommodate all requests. You will be contacted if we are unable to fulfill your request.)

The total amount of fees due is \$_____.

I/We request financial aid in the amount of \$_____ to supplement the amount that I/we contribute. (Example: My/Our fees are \$450. I/We will pay \$30/month over the next 12 months; I/we request financial aid in the amount of \$150.)

Please provide a brief explanation as to why funds are requested. This request is confidential.

This request is confidential and only available to members in good standing. Please return this form to Shanda Witkin, Interim Executive Director at shanda@shirhadash.org or to the Assistant Rabbi. Email or drop off/mail the paper form to the office.

Office use only:

Approved _____

Date _____