



**Congregation Shir Hadash  
Kulanu Tuition Scholarship Application**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Child(ren)'s names and grade(s) in Fall '21:

\_\_\_\_\_

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

\_\_\_\_\_

**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 are only available to members in good standing. Please return this form to Gary Geller, Executive Director at [gary@shirhadash.org](mailto:gary@shirhadash.org), or Rabbi Schwartz, Rabbi Educator, at [rabbischwartz@shirhadash.org](mailto:rabbischwartz@shirhadash.org). Email or drop off/mail the paper form to the office.



Office use only:

Approved \_\_\_\_\_

Date \_\_\_\_\_