



Congregation Shir Hadash

Congregation Shir Hadash  
Religious School and Hebrew School Tuition Scholarship Application

Congregant name: \_\_\_\_\_ Today's date: \_\_\_\_\_

Preferred phone number and email for any follow-up, if necessary: \_\_\_\_\_

Child(ren)'s names and grade(s) in Fall '20 \_\_\_\_\_

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.

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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.

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Office use only:

Approved \_\_\_\_\_

Date \_\_\_\_\_