

COMBINED HAR SHALOM AND FEDERATION TUITION SCHOLARSHIP APPLICATION

Please complete this form if you are applying for a reduction in Temple Har Shalom Religious School tuition.

Please indicate in the box below the total amount you are able to pay for Religious School tuition, then fill out the rest of the form in its entirety. **Please return your completed application to the Temple Har Shalom Main Office no later than August 26, 2019.** This will enable Temple Har Shalom to access funds allocated for religious school scholarships by the United Jewish Federation of Utah.

Please indicate the total amount you can pay for RS tuition this year:

\$

| | |
|-------------------|--------|
| 2019-2020 TUITION | |
| Pre K-6: | \$474 |
| 7: | \$1053 |
| 8-9: | \$217 |
| 10: | \$526 |

PLEASE NOTE:

The purpose of the Federation scholarship program is to ensure that every Jewish child has access to a Jewish religious education. The Federation requires that at least one parent of the applicant be Jewish. All decisions for financial assistance will be made based on funds available to the Federation and the number of applicants requesting such funds. A detailed description of the Federation scholarship policy is available upon request by calling the Federation directly at (801) 581-0102.

The United Jewish Federation of Utah has strict policies requiring all requested documentation to be submitted along with the scholarship application form. Incomplete applications will not be accepted, depriving Har Shalom of thousands of dollars in Federation funds allocated for this purpose. Thank you for taking the time to submit a complete application, including attachments, so that Har Shalom can access these funds.

ATTACHMENTS

Please **attach** a brief yet specific **personal statement** indicating any special circumstances that may affect your need for financial assistance and how such assistance would be of benefit to you and your family.

PLEASE SEND COMPLETED APPLICATIONS TO:

Rabbi Levinsky, Temple Har Shalom, PO Box 681236, Park City, UT 84068

IMPORTANT: We will not be able to process your application without the attachment listed above.

ALL INFORMATION IS KEPT STRICTLY CONFIDENTIAL AND APPLICANTS ARE REQUESTED TO DO THE SAME

APPLICANT NAME: _____

APPLICANT DATA

Applicant Name: _____ **Age:** _____ Jewish Other **Phone:** _____
Address: _____ **Email:** _____
City: _____ **State:** _____ **Zip:** _____
Marital Status: Single Married Partnered Divorced Widowed
Spouse/Partner Name: _____ **Age:** _____ Jewish Other **Phone:** _____

DEPENDENTS

| Name | Date of Birth | Age | Relationship | Grade as of Sept. 1 | Requesting Scholarship |
|----------|---------------|-------|--------------|---------------------|---|
| 1. _____ | _____ | _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> N/A |
| 2. _____ | _____ | _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> N/A |
| 3. _____ | _____ | _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> N/A |
| 4. _____ | _____ | _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> N/A |
| 5. _____ | _____ | _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> N/A |
| 6. _____ | _____ | _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> N/A |

CURRENT FINANCIAL INFORMATION

APPLICANT

Employer: _____
Position: _____
Years in Position: _____
Hours/week: _____
Annual Gross Income: \$ _____
1. Net Monthly Take-Home Pay: \$ _____
2. Other Monthly Income: \$ _____
Specify Other Income Source: _____
3. Total Monthly Income: \$ _____
3A. Line 1 + Line 2

SPOUSE/PARTNER

Employer: _____
Position: _____
Years in Position: _____
Hours/week: _____
Annual Gross Income: \$ _____
1. Net Monthly Take-Home Pay: \$ _____
2. Other Monthly Income: \$ _____
Specify Other Income Source: _____
3. Total Monthly Income: \$ _____
3B. Line 1 + Line 2

4. Total Family Monthly Income (Line 3A + 3B): \$ _____

Please summarize monthly expenses:

5A. Rent/Mortgage: \$ _____ **5B. Food:** \$ _____ **5C. Medical/Dental:** \$ _____
5D. Child Care: \$ _____ **5E. Other (Specify):** \$ _____ **5F. Other (Specify):** \$ _____
5. Total Family Monthly Expenses (Sum of A thru F): \$ _____
6. Total Net Family Income (Line 4 – Line 5): \$ _____

ACCURACY

I hereby state that the information shown on this form and all supporting documentation is accurate. I agree to file a new application immediately upon any change in circumstances. I understand that failure to do so may result in a loss of continued financial assistance.

Applicant's Signature: _____ **Date:** _____