



Congregation B'nai B'rith Religious School

Financial Aid Application 2016-17

*No child will be denied
a Jewish education for
financial reasons.*

Family Name	Home Phone:
Parent 1:	Parent 2:
Cell #:	Cell #:
E-mail:	E-mail:
Occupation:	Occupation:
Employer:	Employer:
Preferred Contact: Parent 1 or Parent 2:	
Preferred Contact method: Home Phone / Cell Phone / E-mail	

Number of children enrolled:		Did you submit a 16/17 CBB membership commitment? <small>(you must be a member to be eligible for financial aid)</small>	Yes / No
Total tuition cost:	\$	Amount of 16/17 membership commitment:	\$
Amount you are able to pay: <small>(July 2016 – June 2017)</small>	\$	TOTAL REL. SCHOOL & MEMBERSHIP I AM ABLE TO PAY: <small>(July 2016 – June 2017)</small>	\$

Why is participation in this program important to you/your family/your child?
List and explain any unusual expenses that your family may have this year:
Please briefly explain why you are requesting financial aid for the 2016-17 school year:

AGREEMENT: I hereby certify that all of the information provided in this application is true and accurate. I understand that my ability to receive financial assistance is based on my financial need and is available thanks to the generosity of Congregation B'nai B'rith members who pledge more than standard membership contributions as well as those who contribute to scholarship funds. I commit to pay more if I am able to at any point during the school year and to contribute back to the school in the future, if my finances allow. I am willing to volunteer time & support the Religious School and synagogue other ways in exchange for this support.

I agree to keep my financial arrangements with CBB strictly confidential. Any breach of confidentiality on my part will result in the immediate dissolution of this agreement. And, I agree to pay in full or set up automatic payments (on a credit or debit card) to fulfill my financial obligation to CBB, or to make other arrangements with the Executive Director or Bookkeeper.

Parent 1 signature and date

Parent 2 signature and date

Submit this confidential application to: Elizabeth Gaynes, Executive Director or drop off in the Religious School office.
With questions and concerns, please contact Elizabeth at 964-7869 x111 or Elizabeth@cbbsb.org

For Committee Use:		
Date Received:	Date Reviewed:	Date Notified:
Total Tuition: \$	Aid Granted: \$	Parent's Responsibility: \$