



Congregation B'nai B'rith Jewish Learning Program

Financial Aid Application 2024-25

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

Family Name:	Home Phone:
Parent/Guardian 1:	Parent/Guardian 2:
Cell Phone:	Cell Phone:
Please indicate your preferred contact and method (Parent 1 or 2 and Home Phone/Cell/Email) (circle one above)	
E-mail:	E-mail:
Occupation:	Occupation:
Employer:	Employer:

Name of child enrolling:	Grade	24/25 Tuition Amount	TOTAL I CAN PAY FOR THIS SCHOOL YEAR (Sept. 1, 2024 thru June 30, 2025) for:	
		\$	*24/25 JLP tuition I can pay for all children for this school year:	\$
		\$	24/25 Annual Membership & \$180 Building Security donation:	\$
		\$	24/25 GRAND TOTAL FOR THE SCHOOL and MEMBERSHIP YEAR:	\$
* PLEASE ADD UP TUITION DUE FOR ALL CHILDREN LISTED ABOVE:		\$		

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 this school year:

AGREEMENT: I hereby certify that all 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 Jewish Learning Program 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 with Jen Lewis.
With questions and concerns, please contact Elizabeth at 964-7869 x111 or Elizabeth@cbbbsb.org