

## Chabad Hebrew School Scholarship Application

### Personal Information

Father's Name: \_\_\_\_\_

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

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

Mobile Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

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

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

Mobile Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

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

City, State, Zip \_\_\_\_\_

### Financial Information

Do you  Own  Rent Monthly rent or mortgage payments: \$ \_\_\_\_\_

Employer's Name, Address and Telephone number of:

Father: \_\_\_\_\_

Mother \_\_\_\_\_

Current gross monthly earnings: Father: \$ \_\_\_\_\_ Mother: \$ \_\_\_\_\_

Number of children in family: \_\_\_\_\_

Does your child (ren) attend private school?  Yes  No If Yes, Name of school:

Tuition per school year: \$ \_\_\_\_\_

I can afford to pay a total of \$ \_\_\_\_\_ per month for my child(ren) to attend the Chabad Hebrew School.

Please State the reason(s) why you feel a scholarship should be granted in your situation.

Please print or type.

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I hereby give the Chabad Hebrew School permission to look into my place of employment, my children's schools or any other information on this form for verification.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

This Scholarship application must be accompanied by an application for Chabad Hebrew School. The application must be completely filled out and a refundable check for the amount of \$50 for each child must be enclosed.

Please note: Your check will not be deposited until scholarship details have been mutually agreed upon and approved by all parties concerned.

**ALL INFORMATION WILL BE KEPT IN STRICT CONFIDENCE**