

HEBREW HIGH

BE JEWISH
BE INVOLVED
BE THERE

3718 E. River Rd. • Tucson, Arizona 85718 • Phone (520) 577-9393 • Fax (520) 577-0734

APPLICATION FOR TUITION ASSISTANCE

2018-2019 SCHOOL YEAR

ALL INFORMATION IS KEPT STRICTLY CONFIDENTIAL

STUDENT'S NAME: _____ GRADE: _____ AGE: _____

PARENT (S)/GUARDIAN (S): Parent 1 _____ Parent 2 _____

ADDRESS: _____ ZIP CODE: _____

HOME PHONE: _____ CELL PHONE: _____ EMAIL: _____

SYNAGOGUE AFFILIATION: _____

PARENT'S MARITAL STATUS: MARRIED SINGLE DIVORCED WIDOWED

GROSS ANNUAL FAMILY INCOME: _____

Parent 1's gross annual income: _____ Parent 2's gross annual income: _____

(If divorced include income of both parents)

ADDITIONAL FINANCE COMMITMENTS (I.E. MEDICAL, SUPPORT OF PARENTS, ETC.): _____

NO. OF CHILDREN IN FAMILY: _____ AGES: _____ NO. OF CHILDREN IN HEBREW HIGH: _____

HEBREW HIGH PROGRAM FOR SCHOOL YEAR: Judaics Only (7-9pm) \$375 Hebrew for Credit (5-9pm) \$550

TOTAL AMOUNT YOU CAN PAY TOWARDS YOUR STUDENT'S TUITION: \$ _____

I can pay \$ _____ PER MONTH I can pay \$ _____ PER SEMESTER

PARENT'S SIGNATURE: _____

PLEASE FILL IN ALL SPACES. THANK YOU!

Return completed financial aid form on or before August 30, 2018

To: "Hebrew High Scholarship Committee" at the above address. Please mark envelope "confidential".

FOR OFFICE USE ONLY

Amount awarded: \$ _____

Amount owed: \$ _____