



ק"ק בית אל

TEMPLE BETH EL

Rabbi Bruce Kadden
Lisa Sobel, President
Tovah Ahdut, Religious Education Director
Corinne Ritter, Gan Director
Abby Cohen, Resource Development Coordinator
Andrea Mauer, Administrator

Application for Financial Assistance

Temple Beth El religious school and camp programs are self-supporting programs. Scholarships are made available through donations from members of Temple Beth El and others in the community. We are committed to providing religious education to all of our members regardless of their income. Participants must pay proportionally based on their ability to pay. Financial assistance may be awarded to "members in good standing," based on need and the availability of scholarship resources. Funds for tuition are limited. An application does not guarantee an award. The Temple Scholarship Committee reviews applications. **All information remains confidential.**

APPLICATION DEADLINES:

February 15th for North American Jewish summer camp programs

May 15th for Temple Beth El's Kaytana Camp Program for preschool age children

June 30th for Temple Beth El's Machaneh Camp Program for school age children

August 15th for Religious School Programs (Gan, Religious School & Yad b'Yad)

APPLICANT'S NAME: _____ DATE _____

(The applicant is responsible for paying program fees)

ADDRESS: _____

EMAIL: _____ PHONE: (home) _____ PHONE: (wk) _____

Please list individuals for whom you are requesting financial assistance:

			TBE Religious School Program	TBE GAN Program	TBE Kaytana Summer Camp	TBE Machaneh Summer Camp	Other: _____ Jewish Camp Program	Total cost of program
	K-12 GRADE	DOB						
NAME: _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
NAME: _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
NAME: _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
NAME: _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
NAME: _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

Have you applied for any other source of financial assistance to cover the cost of this program?

If yes, please list: _____

Please complete the appropriate education/camp registration forms including payment information. If monthly payments are necessary, we request that the automatic withdrawal option be completed.

INCOME (Gross **monthly** family income for HOUSEHOLD)

Applicant's Gross Monthly Wages (includes overtime, bonuses, commissions) \$ _____

Spouse's Gross Monthly Wages \$ _____

Additional Income:

a) Alimony and child support \$ _____

b) Worker's compensation, unemployment, disability \$ _____

c) Interest, dividends, annuities, rent, insurance \$ _____

d) Social Security and/or pension \$ _____

e) Relatives \$ _____

f) Other (specify) \$ _____

Total \$ _____

EXTENUATING CIRCUMSTANCES

MONTHLY AMOUNT

Medical-Hospital bills / DR. bills / Prescriptions _____

Wage garnishment _____

Other: _____

Do you anticipate any changes in your situation that may impact your need for financial assistance?

Please indicate the amount you can pay to Temple Beth El for the current program(s) to which you are applying for financial assistance:

Gan: \$ _____ **Religious School:** \$ _____ **Yad b'Yad:** \$ _____

Camp: Kaytana \$ _____ **Camp NAJSC:** \$ _____ **Camp: Machaneh:** \$ _____

Camp: Other _____ **\$ _____ TOTAL AMOUNT YOU CAN PAY: \$ _____**

Applicant: Please attach a brief statement (1-2 paragraphs) explaining why it is important to you that your child participates in this program.

I declare that the statements above are true and completely correct to the best of my knowledge. Scholarships are for one academic season or year.

Applicant's Signature _____ **Date** _____

Please return this Application to:

**Temple Beth El Scholarship Committee
c/o Temple Beth El
5975 South 12th St.
Tacoma, WA 98465**