

# Temple Beth David Religious School Scholarship Application

Parent's Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Child(ren)'s Name and Grade Level:

\_\_\_\_\_ Hebrew School? yes no

\_\_\_\_\_ Hebrew School? yes no

\_\_\_\_\_ Hebrew School? yes no

Reason(s) for requesting Religious School Scholarship:

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Total Amount you are able to pay for school: \$ \_\_\_\_\_

Signature \_\_\_\_\_

***Information given on this application will be reviewed by the Temple Beth David Finance Committee and will be kept confidential.***

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(For office only)

\_\_\_\_\_  
Decision

\_\_\_\_\_  
Approved by

\_\_\_\_\_  
Date