

OHAVI ZEDEK HEBREW SCHOOL SCHOLARSHIP APPLICATION

**Application Deadline is September 1, 2017**

Parent/Guardian 1 Name \_\_\_\_\_ Email Address \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent/Guardian 2 Name \_\_\_\_\_ Email Address \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Only members of Ohavi Zedek Synagogue can request financial assistance. **Please confirm that you are members of OZ** Yes?

Child(ren)'s Name(s), Age(s) Public School Grade(s) \_\_\_\_\_

Anyone attending OZHS for the first time? Yes?  No?

Have you received a scholarship for OZHS in the past? \_\_\_\_\_

Total OZHS tuition amount (K-2 \$550, 3-7 \$750, 10% discount for each younger sibling) \_\_\_\_\_

Minimum assistance needed? \_\_\_\_\_

Are you willing to offset some of the cost of tuition by volunteering? \_\_\_\_\_

Please describe your financial situation and why you need assistance. (Do you qualify for free and reduced lunch at school or any other school subsidies? Has there been a life changing event in your family that affects your ability to pay? Are you receiving assistance for your child(ren)'s extracurricular activities?) Please be as detailed as possible.

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**Please note that all families will be expected to pay at least half of their child(ren)'s tuition, we are unable to grant complete scholarships. If this proves to be hardship please let us know here.**

Please return this form to Tari@ohavizedek.org in the synagogue office by September 1<sup>st</sup>. The OZHS Scholarship Panel will notify you of your financial award by email. In the meantime, please be sure to register your child(ren) for Hebrew School now and indicate that you are requesting financial aid.