

MACHON IVRIT מכון עברית

Learn to Speak and Read Modern Hebrew!

Financial Assistance Request Form

All information submitted will be held in strictest confidence.

Name: _____ Age: _____

Family Unit: Married _____ Single _____ Single Parent Family _____

Number & Ages of Supported Children _____

Your Occupation _____ Employer _____

Partner's Occupation _____ Employer _____

Total Annual Income (salary, commissions, bonuses, interest, child support, social security, etc.) \$ _____

Expenses:

Annual mortgage or rent payment \$ _____

Annual car payment \$ _____

Annual medical & dental \$ _____

Annual education costs \$ _____

Significant other expenses \$ _____

Other commitments to Jewish institutions or Jewish education \$ _____

Machon Ivrit costs \$720/CNS member, \$800/non-member for the year.
What do you feel you can pay for the year? \$ _____

Total Request to Machon Ivrit (up to 50%): \$ _____

Signature: _____ Date: _____

Please return to: Mel Berwin, Congregation Neveh Shalom, 2900 SW Peaceful Lane, Portland OR 97239. For further information, contact 503.246.8831 or mberwin@nevehshalom.org