



Congregation Neveh Shalom

Request for Financial Assistance

The following information is required for obtaining a reduction in tuition for ALIVAH K-12 programs for the fiscal year beginning **July 1, 2016**. This application will be reviewed by the Director of Congregational Learning and Administrative Director. If you wish to provide additional information, a separate page may be attached.

	Adult 1	Adult 2
First Name		
Last Name		
Daytime phone		
E-mail		
Employer, if employed		
Title/Position		
If student, school		
Names of Children	Age	Other individuals living in your household (name(s) and relationship):

TOTAL GROSS ANNUAL FAMILY INCOME (include salaries, investment income, pension, social security, alimony, and any tax exempt income i.e. muni bonds, other) CHECK APPROPRIATE BOX:

- under \$20,000
 \$21,000-30,000
 \$31,000-40,000
 \$41,000-\$50,000
 \$51,000-\$60,000
 \$61,000-\$70,000
 \$71,000-80,000
 \$81,000-90,000
 \$91,000-100,000
 over \$100,000

Please describe here any extra expenses your family is incurring (medical, child support, etc.) that would affect your ability to pay for education.

The total cost of my child/ren's ALIYAH tuition before financial aid for the 2016-2017 year is \$_____

Other Jewish Education Commitments for this year include_____

My family would like to request that we pay the following for ALIYAH tuition this year:

\$_____ ALIYAH Tuition for 2016-2017

In completing this application I understand the following:

- Financial reduction plans are for one year and must be reapplied for annually.
- Separate arrangements must be made to address outstanding financial obligations prior to year end.
- Financial reduction plans are confidential.

I affirm that the information in the application is correct and I agree to notify the Director of Congregational Learning in the event that any financial change occurs in the information I have supplied.

Please return this form to :

Mel Berwin, Director of Congregational Learning
2900 SW Peaceful Lane
Portland, OR 97239

Note: This application is for fiscal year July 1, 2016 - June 30, 2017.

Signature: _____

Date: _____