

# 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 \$ \_\_\_\_\_

**Beginning Hebrew** costs \$510/CNS member, \$560/non-member

**Machon Ivrit** (any level) costs \$720/CNS member, \$800/non-member

What do you feel you can pay for the year? \$ \_\_\_\_\_

Total Request to Machon Ivrit (not to exceed 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](mailto:mberwin@nevehshalom.org)