

HEBREW HIGH

BE JEWISH
BE INVOLVED
BE THERE

3822 E. River Rd. • Tucson, Arizona 85718 • Phone (520) 577-9393 • Fax (520) 577-0734

APPLICATION FOR TUITION ASSISTANCE

2011-2012 SCHOOL YEAR

ALL INFORMATION IS KEPT STRICTLY CONFIDENTIAL

STUDENT'S NAME: _____ GRADE: _____ AGE: _____

PARENT (S)/GUARDIAN (S): _____

ADDRESS: _____ ZIP CODE: _____

HOME PHONE: _____ BUSINESS PHONE: _____

SYNAGOGUE AFFILIATION: _____

PARENT'S MARITAL STATUS: MARRIED SINGLE DIVORCED WIDOWED

NUMBER OF WAGE EARNERS IN FAMILY: _____

GROSS ANNUAL FAMILY INCOME:

UNDER \$10,000 \$10,000-\$20,000 \$20,000-\$30,000 OTHER _____

ADDITIONAL FINANCE COMMITMENTS (I.E. MEDICAL, SUPPORT OF PARENTS, ETC.): _____

NO. OF CHILDREN IN FAMILY: _____ AGES: _____ NO. OF CHILDREN IN HEBREW HIGH: _____

HEBREW HIGH PROGRAM FOR SCHOOL YEAR: Judaics Only (7-9pm) \$275 Hebrew for Credit (6:15-9pm) \$495

TOTAL AMOUNT YOU CAN PAY TOWARDS YOUR STUDENT'S TUITION: \$ _____

I can pay \$ _____ PER MONTH I can pay \$ _____ PER SEMESTER

PARENT'S SIGNATURE: _____

PLEASE FILL IN ALL SPACES. THANK YOU!

Return completed financial aid form on or before September 23, 2011
to: "Hebrew High Scholarship Committee" at the above address. Please mark envelope "confidential".

FOR OFFICE USE ONLY

Amount awarded: \$ _____

Amount owed: \$ _____