

SCHOLARSHIP APPLICATION

Please be sure to complete all requested information and sign on the bottom of the form.

Child's Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Age _____ Birth Date _____

How much do you feel you can afford to pay? _____

How many children are in your family? _____

Marital Status (Head of Family) Married Separated Divorced Widowed

SS #**Yearly Income****Occupation**

Mother _____

Father _____

What is your family total income before deductions? (Include wages of all working members, welfare payments, social security, and all other income)

Fill in one: Weekly _____ Monthly _____ Yearly _____

Monthly Rent _____ Do you own a home? _____

School _____ Tuition _____

Do you receive welfare assistance? _____ If yes, which category? _____

Do you receive Medicaid? _____ Medicaid No. _____

What are your reasons for requesting this scholarship? _____

Signature of Parent _____ Date _____

Please send to Chabad Jewish Center, 4010 Park St. North, S. Petersburg 33709