

B.H.



JEWISH EARLY LEARNING CENTER *Scholarship Application*

Before applying for a scholarship, please be aware that the registration process must be completed first. This is done by completing the **admission application form** for your child/ren and submitting a registration fee & deposit (check or credit card). Information on scholarships will be available one-two months after submitting this scholarship application. Scholarships are granted based on need and on a first come, first served basis. A limited amount is available, so apply early.

This application must be fully completed and mailed/submitted to: **JELC Scholarship Committee, c/o Jewish ELC, 2174 Hewlett Ave., suite 100, Merrick, NY 11566.**

Child/ren you are applying for:

Full Name	Jewish Name	Age	Male/Female	Date of Birth

Father's Name: _____ Mother's Name: _____

Please check one: Married Divorced Separated

Address: _____ City, State, Zip: _____

Telephone: Home _____ Work: _____ Other: _____

Father:

Occupation: _____

Employer's Name: _____

Employer's Address: _____

Mother:

Occupation: _____

Employer's Name: _____

Employer's Address: _____

How many children are in your family? _____ Which school/s do they go to? _____

Which school did your child/ren go to last year? _____

Why is your situation one of financial hardship? _____

How much can you afford to pay towards tuition? _____

Please list 2 references:

1: Name: _____ Phone: _____ Relation to you: _____
 2: Name: _____ Phone: _____ Relation to you: _____

HOUSEHOLD MEMBERS & TOTAL HOUSEHOLD INCOME:

Show how often each amount is received.
 Examples: \$100/weekly, \$100/bi-weekly, \$100/2x per month, \$100/monthly
 If pay period is not noted, we will assume the reported income is received weekly.

List the names of everyone in your household	Earnings from Work Before Deductions	Child Support, Alimony, Etc.	Payments from Pension or Retirement	Other Income
	Amount / How Often	Amount / How Often	Amount / How Often	Amount / How Often
1. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
2. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
3. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
4. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
5. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
6. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
7. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
8. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
9. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
10. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____

1. **SIGNATURE:** An adult house member must sign this application.
 I certify that all of the information is true and that all income is reported. I understand that the information is being given to the scholarship committee in order to evaluate the need for a campership discount. I understand that all information submitted will be kept confidential.

SIGNATURE: _____ DATE: _____

DO NOT WRITE BELOW THIS LINE -FOR SCHOOL USE ONLY

Application APPROVED for scholarship discount. Discount amount: \$ _____
 Application not approved. Reason: _____
 Signature of Reviewing Scholarship Committee Member: _____ Date: _____