



# Neveh Shalom Foundation School

## Request for Financial Assistance

The following information is required for obtaining a reduction in the applicant's share of tuition for the school year beginning September 2017. This application will be reviewed by the Executive Director and Director of Early Childhood Services. The applicant(s) may be personally interviewed by the members of this group. If you wish to provide additional information, a separate page may be attached. Applications are due no later than March 20, 2017 for school year beginning September 2017.

	Parent 1	Parent 2
First Name		
Last Name		
Daytime phone		
Email		
Employer		
Title/Position		
Unemployed		
Retired		
If student, school		
Home Phone		
Address		
City	State	Zip
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 tuition.


After reviewing the tuition schedules, I/my family would like to request that we pay the following for Neveh Shalom Foundation School for this year:

\$ \_\_\_\_\_ Foundation School

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 Early Childhood Services in the event that any financial change occurs in the information I have supplied.

Please return this form to :

**Leah Conley, Director of Early Childhood Services**  
**2900 SW Peaceful Lane**  
**Portland, OR 97239**

*Note: This application is for the school year September 2017 - June 2018.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Couples require both signatures.)

\*Please keep in mind, this form is for Foundation School only, not for Congregation Neveh Shalom membership or ALIYAH School. If you are a member and need financial aid, you must fill out a separate financial aid form. Please keep a copy of this form for your records.

- Please check this box if you have applied for the **Right Start Grant** through the **Jewish Federation**