

Salem Jewish Congregation
Temple Beth Sholom
Honoring Our Past...Building Our Future

1274 Cunningham Ln. S.
Salem, Oregon 97302
(503) 362-5004

Judith Havas, Temple Administrator
admin@tbsholom.org

Religious School Scholarship Application, 2008-09

Name(s) _____

Address _____ City/Zip _____

Telephone (Day) _____ (Evening) _____

I (we) are applying for a financial scholarship for the following student(s):

| | | |
|-------|-------|------------------|
| _____ | _____ | _____ |
| Name | Class | Amount Requested |

| | | |
|-------|-------|------------------|
| _____ | _____ | _____ |
| Name | Class | Amount Requested |

Any remaining balance will be on a monthly basis at the rate of \$_____ per month for _____ months.

I (we) understand that if my (our) circumstances change, I (we) will contact the Temple Administrator to make any adjustments to this Agreement in writing.

Please Print Name

Signature of Congregant

Please Print Name

Signature of Congregant

Date

Temple Administrator

Date

Religious School Principal