



26500 Shaker Blvd.
Beachwood, OH 44112
216.367.1388

FINANCIAL AID FORM

NAME _____

ADDRESS _____ CITY _____ ZIP _____

HOME PHONE _____ OTHER PHONE _____

Financial Aid requested on behalf of (student/s):

- 1. _____
- 2. _____

Financial Aid requested for (program/s):

- 1. _____
- 2. _____

Other financially dependent children in the family:

Name _____	Age _____	Grade _____
Name _____	Age _____	Grade _____

Synagogue affiliation _____

Do you own your own home? _____ Rent? _____

Monthly payment on home or rent \$ _____

Household Annual Income \$ _____

Amount of financial aid requested \$ _____

Reasons for financial aid request:

Is this your first request for financial aid? If no, list dates of other requests: ____

Parent/Guardian

Signature _____ Date _____

In order to process, this application must be completed in full with your most recent 1040 form attached. Please mail all information to:

**Jewish Education Center of Cleveland, 2030 S. Taylor Rd, Cleveland Hts., OH 44118
Attn: Amnon Ophir and Ann Kramer**

This form must be returned by SEPTEMBER 30, 2016