



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**