



# THE JIM THALL JEWISH FUTURE SCHOLARSHIP FUND



## PERSONAL INFORMATION

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mobile Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mobile Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

## FINANCIAL INFORMATION

I can afford to pay a total of \$ \_\_\_\_\_ per  year  month per child to attend Hebrew School.

Please indicate why you feel a scholarship should be granted to you: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Which Hebrew/Religious Schools did your child attend in the past?

1) \_\_\_\_\_ 2) \_\_\_\_\_

Did you receive any scholarships? \_\_\_\_\_ What was your total tuition? \$ \_\_\_\_\_

I hereby give Wilmette Community Hebrew School permission to verify my place of employment, my children's schools or any other relevant information on this form.

\_\_\_\_\_

Signature:

Date:

Please mail this application form along with a completed registration form and a check for the amount of \$50 per child to: Wilmette Community Hebrew School, 2904 Old Glenview Rd., Wilmette, IL 60091. **Please note:** Your check will not be deposited until scholarship details have been mutually agreed upon by the scholarship committee and all parties involved.

**ALL INFORMATION COLLECTED HERE IS STRICTLY CONFIDENTIAL.**