



SYRACUSE HEBREW DAY SCHOOL INCENTIVE GRANTS

"Jewish Education is the Strategic Plan of the Jewish People"

Seymour Epstein (Renowned Pluralistic Jewish Educator)

Application Form

Parent / Guardian 1 First/Last Name: _____

Parent / Guardian 2 First/Last Name: _____

Street Address: _____

City/Zip: _____

Contact Phone: _____

Are you raising your child in the Jewish Faith Yes

I/We have (or will) made (make) a current year contribution to the Jewish Federation of CNY Yes

Complete as applicable:

Name of first child in family to prospectively attend SHDS: _____
Grade of Entry to SHDS: _____

Name of sibling of first child in family that is/was enrolled in the SHDS: _____
Grade of Entry to SHDS: _____

Name/Contact information of Referring Family (if any:
(Federation will contact family directly to confirm eligibility for referral benefit)

Please complete this application and submit to Federation of CNY office by _____ to qualify for the scholarship for school year _____. Submitting the application is not a commitment to utilize the scholarship by the family.

For informational purposes only:

Affiliations:

- Jewish Community Center
- ECDP- JCC
- Temple Adath Yeshurun
- RECC- TAY
- Temple Concord
- Beth Sholom Chevra-Shas
- Shaarei Torah Orthodox Congregation
- Other
- N/A

* I/We understand that monthly tuition reimbursements will only be sent upon receipt of tuition payments from SHDS

Parent / Guardian 1 Signature: _____ Date: _____

Parent / Guardian 2 Signature: _____ Date: _____