



# SYRACUSE HEBREW DAY SCHOOL INCENTIVE GRANTS

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

-Seymour Epstein

## Application Form

Parent / Guardian 1 First/Last Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City/Zip: \_\_\_\_\_  
 Contact Phone: \_\_\_\_\_

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 attend SHDS: \_\_\_\_\_  
 Grade of Entry to SHDS: \_\_\_\_\_

Name of sibling of first child in family to attend 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 the Jewish Federation of CNY office at:  
5655 Thompson Road DeWitt, NY 13214

\*Awarding of the incentive grant is subject to approval of the application.

For informational purposes only:

Affiliations:

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

\* I/We understand that the Jewish Federation of CNY will issue reimbursements monthly upon receipt of tuition payments to SHDS.

Parent / Guardian 1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent / Guardian 2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_