



VOS JEWELS Application for Financial Assistance 2011-2012

PLEASE SUBMIT YOUR REQUEST NO LATER THAN JULY 15, 2011

(Please note: Applications only considered for those in Grades 4-6)

FIRST STUDENT'S Name _____
Last Name First Name Middle Name

M F Date of Birth _____ Grade in Fall 2011 _____
Month - Day - Year

The Student lives with Both Parents Other _____

SECOND STUDENT'S Name _____
Last Name First Name Middle Name

M F Date of Birth _____ Grade in Fall 2011 _____
Month - Day - Year

The Student lives with Both Parents Other _____

THIRD STUDENT'S Name _____
Last Name First Name Middle Name

M F Date of Birth _____ Grade in Fall 2011 _____
Month - Day - Year

The Student lives with Both Parents Other _____

FIRST PARENT'S Name _____
Title (Mr. Mrs. Ms. Dr.) Last Name First Name

Address _____

Do you OWN your home? Y N RENT your home? Y N Years at current residence? _____

Telephone _____
Home Office Cell

Email _____ Fax _____

Occupation _____

Currently Employed? Y N

IF YES, # of years of current employment: _____ **IF NO**, first date of unemployment: _____

Is this occupation cyclical and/or seasonal? Y N If Yes, what is the typical/average period of unemployment? _____

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Signature of Parent/Guardian

Date

As our synagogue is built on a spirit of volunteerism, please list ways in which you could contribute our community. Some examples include: fundraisers and event planning, office help, use of your home for events.

The **JEWELS** Financial Aid Committee reviews requests on a case by case basis. Your privacy is maintained to the greatest extent possible. Your name will not be disclosed to the committee members reviewing this request.

***Please mail your completed application in an envelope marked "confidential",
for the attention of the JEWELS Financial Aid Committee Chair:
VOS-JEWELS, 21818 Craggyview Street, Suite 104, Chatsworth, CA 91311-2952***