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## **Tuition Assistance Application 2018-19**

At JTConnect, we are committed to providing all Jewish teens in the Greater Hartford area with a quality Jewish education. **No student is turned away because of financial need.** Please complete ALL information on this form. Your application will be reviewed by the scholarship committee. **All identifying information is kept in strict confidence.** 

Please mail to the JTConnect address listed at the bottom of this form OR scan documents and email them to eric@jtconnect.org.

| PLEASE PRINT   |      |             |      |  |
|----------------|------|-------------|------|--|
| Family Name:   |      |             |      |  |
| Mother's Name: |      |             |      |  |
| Address:       |      | Address:    |      |  |
| City:          | Zip: |             | Zip: |  |
| Home Phone:    |      | Home Phone: |      |  |
| Cell Phone:    |      | Cell Phone: |      |  |
| Work Phone:    |      | Work Phone: |      |  |
| Email:         |      | Email:      |      |  |

How many dependent children are in the household?

Please list all children for whom you are seeking assistance.

| Name | Age | Grade in School | School Name |
|------|-----|-----------------|-------------|
|      |     |                 |             |
|      |     |                 |             |
|      |     |                 |             |
|      |     |                 |             |

Which program(s) have you submitted your registration for?:

\_\_\_\_\_ JTConnect at Beth EI on Monday nights \_\_\_\_\_ JTConnect at Emanuel on Sunday mornings

JTConnect at FVJC

JTConnect at CBI on Sunday mornings

Please describe your family's circumstances that necessitate your need for financial assistance. (Please feel free to submit this on a separate piece of paper if necessary.)

| Would you be willing to work out a payment plan? YesNo  |
|---|
| How much money are you able to pay towards your teen's JTConnect education?   |
|   |
| \$10\$25\$40\$50\$75Other Dollar Amount (please specify): \$  |
|   |
| WeeklyMonthlyOther Time Period (please specify):  |
|   |
| As part of the JTConnect community, we ask families to volunteer to support the school in non-monetary ways. In which areas would you be willing to help? |
|   |
| Sit on JTConnect committee:DevelopmentFinanceOutreachEducation  |
| AdministrativePhotographyPublic RelationsCommunications   |
| MediaRecruitmentOther (please specify):   |
|   |
| More specific financial documentation may be requested in order to complete your application. You will be   |
| contacted should that be necessary.   |
|   |

I/We have answered the above questions to the best of my/our ability.

JTConnect admits students of any race, color, sex, gender, sexual orientation, national and ethnic origin, and ability to the rights, privileges, programs, and activities generally accorded or made available to students at the school. JTConnect does not discriminate on the basis of race, color, sex, gender, sexual orientation, national and ethnic origin, or ability in the administration of its educational policies, admissions policies, or other school-administered programs.