



Tuition Assistance Application

School Year September 2017 – May 2018

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.** JTConnect’s policy is that you may be eligible for financial assistance, not to exceed 50% of tuition.

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 PRINT

Family Name: _____

Mother’s Name: _____ Father’s Name: _____

Address: _____ Address: _____

City: _____ Zip: _____ City: _____ 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

Have you submitted your registration for:

____ JTConnect Monday Program ____ JTConnect Sunday Program ____ JTConnect at FVJC



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? Yes No

How much money are you able to pay towards your teen's JTConnect education?

____ \$10 ____ \$50 ____ Weekly
____ \$25 ____ \$75 ____ Monthly
____ \$40 ____ Other Dollar Amount ____ Other Time Period: _____

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: ____ Development ____ Finance ____ Outreach ____ Education
____ Administrative ____ Photography ____ Public Relations ____ Communications
____ Media ____ Recruitment ____ Other (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.

Signature: _____ Date: _____

Signature: _____ Date: _____

Please mail to the JTConnect address listed at the top of this form with ATTN: Scholarship OR scan documents and email them to eric@jtconnect.org.

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.