

2016-2017

Deadline for Submission is June 5, 2016

Bergen County High School of Jewish Studies

Financial Aid Application and/or Extended Deferred Payment Plan

Date: _____

Student's Name _____ Grade _____

Parent(s)/Guardian(s) Name(s): _____ Relationship: _____

Telephone Day: _____ Eve: _____ Cell: _____

E-mail: _____

Are you applying for: (circle) extended deferred payment plan or financial aid?

(Note: Financial aid **does not** cover class materials, books, fees, trips, social activities or overnights.)

Amount of financial aid are you requesting? _____

Reasons for applying for financial aid? (If needed, attach additional explanation sheet.)

****Important: Your 2015 tax return and other supporting documents must be attached in order to be considered for financial aid.**

Please be aware that all tuition must be paid in full in order for your child to graduate or to participate in the retreat (Shabbaton) weekend and to register for the following school year.

In addition, you are required to volunteer at least five (5) times during each semester to help the school with bagels on Sunday or in the office during the week (if you are not available during school hours). You may be called upon by an administrator or the bagel committee to enlist your help.

Please indicate any skills or interests that you think can contribute to the school:

Parent Signature: _____

Returning BCHSJS Families: Have you volunteered at the school in past years? Yes / No

In what capacity? _____

Have you solicited ads for the Dinner Journal? Yes / No

Office Use Only

Total Due: _____ Financial Aid _____ Payment _____ Balance Due: _____

Payment Schedule:

09/2016 _____ 10/2016 _____ 11/2016 _____ 12/2016 _____ 01/2017 _____ 02/2017 _____ 03/2017 _____ 04/2017 _____

BCHSJS Representative Signature _____

BCHSJS Representative Signature _____