

## 2024 MIFGASH SCHOLARSHIP APPLICATION

### STUDENT INFORMATION

Student Name:		
Date of birth:	Phone:	
Street Address:		Apt. #:
City:	State:	ZIP Code:
Email:	Grade in school:	Prior Mifgash years:

### PARENT 1 INFORMATION

Name:		Phone:
Street Address:		Apt. #:
City:	State:	ZIP Code:
E-mail:	How much can you contribute towards tuition? (Base expected family contribution: \$650)	
Student's Sibling Names (Place additional names on back)	Age:	Relationship to Parent 1 & 2
1.		
2.		
3.		

### PARENT 2 INFORMATION

Name:		Phone:
Street Address: (IF DIFFERENT FROM PARENT 1)		Apt. #:
City:	State:	Zip:
E-mail:	How much can you contribute towards tuition? (Base expected family contribution: \$650)	

### TEMPLE AFFILIATION

Name:		
Address:	Phone No:	Rabbi:

### SIGNATURES

Parent 1	Parent 2
Date:	Date:

**All families registering must pay a \$50 non-refundable deposit per student** (*Payable to Albany Jewish Community Center*). This will be credited toward the tuition fee. This **application must be received by Thursday, September 30, 2024**. Mifgash

**Please explain your scholarship request:** (Use the back of the form)

**\*\*\* All information provided is confidential \*\*\***