



**Temple of Aaron  
Rabbi Bernard S. Raskas Religious School &  
Rossy & Richard Shaller Hebrew School**

*616 Mississippi River Blvd., St. Paul, MN 55116 (651) 698-8874 www.templeofaaron.org*

**2016/2017 CONFIDENTIAL FINANCIAL ASSISTANCE FORM**

We confidentially provide tuition assistance by reviewing and balancing families' need,  
number of requests and available scholarship dollars.

|                             |                             |
|-----------------------------|-----------------------------|
| <b>NAME OF APPLICANT 1:</b> | <b>NAME OF APPLICANT 2:</b> |
| <b>EMAIL ADDRESS:</b>       | <b>EMAIL ADDRESS:</b>       |

**DEPENDENT CHILDREN**

|                    |                   |
|--------------------|-------------------|
| <b>FIRST NAME:</b> | <b>LAST NAME:</b> |
| #1                 |                   |
| #2                 |                   |
| #3                 |                   |

| APPLICANT #1                         | APPLICANT #2                         |
|--------------------------------------|--------------------------------------|
| <b>MONTHLY SYNAGOGUE DUES:</b>       | <b>MONTHLY SYNAGOGUE DUES:</b>       |
| <b>ARE YOU CURRENTLY EMPLOYED?</b>   | <b>ARE YOU CURRENTLY EMPLOYED?</b>   |
| <b>EMPLOYER</b>                      | <b>EMPLOYER</b>                      |
| <b>OCCUPATION</b>                    | <b>OCCUPATION</b>                    |
| <b>LENGTH OF TIME WITH EMPLOYER:</b> | <b>LENGTH OF TIME WITH EMPLOYER:</b> |
| <b>MONTHLY GROSS:</b>                | <b>MONTHLY GROSS:</b>                |
| <b>OTHER INCOME:</b>                 | <b>OTHER INCOME:</b>                 |

**TOTAL TUITION:** \_\_\_\_\_ **ASSISTANCE REQUIRED:** \_\_\_\_\_

The Tuition Assistance Committee will review fully completed forms and share the decision. Please return your completed form **by July 1, 2017.**

\_\_\_\_\_  
**Date**                      **Signature of Applicant #1**

\_\_\_\_\_  
**Date**                      **Signature of Applicant #2**