

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:	Annual Income: (inc. child & spousal support):	
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:	Annual Income: (inc. child & spousal support):	

TEMPLE AFFILIATION

Name:	
Address:	
Phone No:	

As many synagogues offer education scholarships, please be advised that we will reach out to your synagogue and ask for assistance towards your tuition.

SIGNATURES

Parent 1	Parent 2
Date:	Date:

All families registering must pay a \$50 non-refundable deposit per student (*Payable to Mifgash Community High School*). This will be a credit towards tuition. This **application must be received by 9/30/2020**. If it is not received, you will be charged \$850 per student (minus deposit). Applications must be returned to Mifgash: P.O. Box 8916, Albany, New York 12208, or email to Treasurer Margaret Tabak- mifgashtreasurer@gmail.com or call 518-339-4697 with any questions.

Feel free to share any information on the back that you think may be helpful in processing your application.