



For Internal Use Only	
Member ID	_____
Total Dues \$	_____
Date	_____
Exec. Dir Initial	_____
Date Posted	_____

CONFIDENTIAL

Application For Religious School Scholarship

This request must be submitted by August 31, 2021.
This application is for the fiscal year 2021 (July 1, 2021 – June 30, 2022)
Requests for Religious School scholarships must be submitted on a yearly basis.

Name(s) and grade of child/children for whom you are making application:

_____ Grade _____

_____ Grade _____

Parent 1 _____ Age _____

Parent 2 _____ Age _____

Home Address _____

Phone _____ Day _____ Evening _____

Email Parent 1: _____ Email Parent 2: _____

Fax Parent 1: _____ Fax Parent 2: _____
(please indicate the best number/time should we need to speak with you)

Occupation (Parent 1) _____

Business Address _____

Occupation (Parent 2) _____

Business Address _____

Combined Annual Income (salaries and other income) _____ \$

Monthly rental or mortgage payment (including assessment if applicable) _____ \$

Names and ages of dependent children: _____

Tuition payments for dependent children: _____

Other financial obligations of a significant nature, such as caring for parents or other relatives.
(Please specify and indicate amounts.)

Do you expect your income for the coming year to be significantly different? Please explain:

In the space below, please provide a personal statement telling us why you are requesting a scholarship for the Weitzman Family Religious School in fiscal 2022. **This personal statement is required before your application can be considered.** Use the additional space at the bottom if you need more room

I (we) request total religious school fees \$ _____ Payable on these terms:
to be _____

_____	100% payment with application
_____	50% with application and 50% by December 31, 2021
_____	Or \$ _____ per _____ with balance paid in full by March 31, 2022
_____	month,

OPTIONAL: Additional documentation such as an IRS 1040 form may be submitted in support of your application, but they are not required.

I/We understand that this application is subject to confidential review and approval by the Religious Scholarship Committee.

_____ Signature Parent #1	_____ Date
_____ Signature Parent #2	_____ Date

Please return this application to:

CSI Financial Aid Committee
9401 Douglas Ave
Dallas, Texas 75225

Additional Comments:
