



## AMERICAN JEWISH SOCIETY FOR SERVICE

10319 Westlake Blvd., Suite 193, Bethesda, MD 20817  
240.205.5940 \* 301.469.8115 fax \* www.ajss.org

### Request for Financial Assistance 2010 Summer of Service

Our scholarship program is designed for families who cannot afford to pay the entire cost of the AJSS tuition without assistance. Each year, AJSS awards financial assistance as we are committed to making the summer experience affordable. This funding is given in light of economic status, family need, and the child's desirability to participate in the program. Scholarship funds come from generous donations from families and other supporters of AJSS.

Please complete the entire scholarship request form and return it to AJSS no later than March 31, 2010. We will contact you regarding your request. We will make every effort to award financial support to all who are in need, but please realize that funds are limited and there are many families who will apply for support.

We ask that you honestly look within your heart before seeking financial aid because the money that you may receive could conceivably be taken away from a family that needs it even more. AJSS is a nonprofit organization with limited resources and the tuition alone does not cover the actual costs of the summer program.

To be considered for financial support, we must receive the following documents:

- AJSS Summer Application, including reference letters
- AJSS interview must be conducted
- \$50 Application Fee
- Request for financial assistance form (this document)
- Copy of Recent Income Tax Return

Parent(s) Name: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Total amount of Support requesting \$ \_\_\_\_\_

Maximum amount you feel you can pay \$ \_\_\_\_\_

Would a payment plan help you?  
\_\_\_\_\_

Is yours a single income household: Yes \_\_\_\_\_ No \_\_\_\_\_

Do you \_\_\_\_\_ pay \_\_\_\_\_ receive child support? Monthly amount: \$ \_\_\_\_\_

Please answer the following questions. Feel free to use additional paper, etc.

Does your child want to participate on an AJSS summer project? Please elaborate.

Please describe your child and explain how you hope they will benefit from an AJSS summer?

Please describe why you are in need of financial support. Please include information about special circumstances.

After the summer program, would you be interested in and willing to help AJSS with recruitment efforts in your community? For example, hosting a gathering in your home or synagogue to talk about AJSS?

Yes \_\_\_\_\_ Maybe \_\_\_\_\_ No \_\_\_\_\_

Please return this form via email, if possible to [rena.convissor@ajss.org](mailto:rena.convissor@ajss.org) or mail it to AJSS, 10319 Westlake Drive, Suite 193, Bethesda, MD 20817

**Recent Tax Return MUST be included to be considered for support.**