

BETH EL TALMUD TORAH RELIGIOUS SCHOOL

1118 W. Glendale Road, Phoenix, AZ 85021

Phone 602-944-3359 ext.123 Fax 602-944-3565 Email jsilverman@bethelphoenix.com  
Janette Silverman, Director of Education and Youth Programming

**RABBI LOUIS AND REBECCA BARISH**  
**TALMUD TORAH SCHOLARSHIP APPLICATION 2009-2010**

Due to the generosity of Rabbi Louis Barish and the contributions of many of our friends and congregants, Talmud Torah tuition assistance is available to members of Beth El Congregation. Please complete and mail or Fax this application directly to the attention of Janette Silverman.

Name of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_ FAX: \_\_\_\_\_

Parent 1 Place of Employment: \_\_\_\_\_

Parent 2 Place of Employment: \_\_\_\_\_

Name and Grade of Each Child

First Child: \_\_\_\_\_ Grade: \_\_\_\_\_

Second Child: \_\_\_\_\_ Grade: \_\_\_\_\_

Third Child: \_\_\_\_\_ Grade: \_\_\_\_\_

Fourth Child: \_\_\_\_\_ Grade: \_\_\_\_\_

Please indicate the following for each child:

	Amount of Scholarship Needed	Amount You Can Pay
First Child:	\$ _____	\$ _____
Second Child	\$ _____	\$ _____
Third Child	\$ _____	\$ _____
Fourth Child:	\$ _____	\$ _____

Signature of Member: \_\_\_\_\_

Signature of Review Committee Chair: \_\_\_\_\_