



Beth Am Youth Education Scholarship and Payment Plan Request Form

Parent's Name(s)	
Street Address	
City, State, Zip	
Telephone	
Email	

Scholarship Request

Child Name(s)	Class	Full Tuition Amount	Amount of Scholarship requested	Amount You will pay

Reason for Scholarship:

Payment Plan Request

I would like to make payments in installments of: *(Please note, if requesting a payment plan, the first payment must accompany this form.)*

Scholarship and Payment Plan Request

I would like to request both a scholarship and a payment plan. *(Please fill out all information above.)*

Signature(s): _____ Date: _____

Please return this signed form to the Office of the Executive Director,
Congregation Beth Am, 26790 Arastradero Road, Los Altos Hills, CA 94022

