



Scholarship and Payment Plan Request Form

Please complete all relevant sections below:

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

1) Scholarship Request – Beth Am Youth Education Program (internal)

Child Name(s)	Youth Ed Program	Full Tuition Amount	Amount of Scholarship requested	Amount You will pay

Reason for Scholarship (attach page if more space is needed):

2) Payment Plan Request – Beth Am Youth Education Program (internal)

(Please note, if requesting a payment plan, the first payment must accompany this form.)

I would like to make payments in installments of:

3) Scholarship Request – NFTY Retreats, Camp, Israel programs (external)

Child Name(s)	Name of Program	Full Cost of Program	Amount of Scholarship requested	Amount You will pay

Reason for Scholarship (attach page if more space is needed):

Signature(s): _____ Date: _____

Please return this signed form to the Executive Director, Rachel Tasch at execdir@betham.org,

