

SEIGLE GRANT APPLICATION FORM FOR CKI MEMBERS

NAME OF CHILD _____ Date _____

AGE _____ GRADE _____

ADDRESS _____

PHONE _____ E-Mail _____

NAME OF MOTHER _____ NAME OF FATHER _____

PARENT E-MAIL _____

NUMBER OF CHILDREN & AGES IN YOUR FAMILY

MARITAL STATUS OF PARENTS:

Married _____ Separated _____ Divorced _____ Widowed _____

GRANT PERCENT NEEDED: This is the percent in which your child's BBYO fees will be reduced for the current year. For example, if a program costs \$100, and you receive a 25% supplement, your portion would be \$75 and the Seigle grant will pay the remaining \$25.

25% Grant _____ 50% Grant _____ 75% Grant _____ 100% Grant _____

Please list any financial hardships in your family that contribute to the need for assistance.

In what ways does your child participate and benefit from Jewish Youth activities?

Will receipt of this support increase your child's participation in Jewish Youth activities?

Yes _____ No _____

PARENT SIGNATURE: _____

RETURN TO:

Liza Bachrach, 7 Clove Court, South Elgin, IL 60177, or email Archbroch@comcast.net