

# LUBAVITCH GIRLS HIGH SCHOOL OF CHICAGO

## APPLICATION FOR SCHOLARSHIP ASSISTANCE-SCHOOL YEAR 2024-2025

Students Name(s) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Entering Grade(s) \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

School attended last year \_\_\_\_\_

Tuition Paid last year \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Work's Name \_\_\_\_\_ Years there \_\_\_\_\_

Work's Address \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Work's Name \_\_\_\_\_ Years there \_\_\_\_\_

Work's Address \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_

Number of exemptions claimed for 2023 \_\_\_\_\_

<u>NAME</u>	<u>AGE</u>	<u>NAME</u>	<u>AGE</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____





Below or on a separate sheet of paper, you may explain any additional information to take into consideration

---

---

---

---

**NOTE: All applications must include a completed and signed Income Tax form for the past two years, including all schedules, before they will be accepted. A letter from your family Rabbi supporting the need for a scholarship.**

I declare that the information reported on this application to be the best of my knowledge and belief, is true, correct and complete.

Date\_\_\_\_\_

Signature\_\_\_\_\_

All information will be kept strictly confidential and for your protection this application will not be kept in the school office.

Please mail to:

Lubavitch Girls High School

Attention: **SCHOLARSHIP COMMITTEE**

6350 N. Whipple St.

Chicago, IL 60659