



BERNARD ZELL

ANSHE EMET DAY SCHOOL

בית ספר אנשי אמת ע"ש ברנרד זל

COVID-19 EMERGENCY RELIEF APPLICATION

Instructions:

Please complete all sections below. Should a section not be applicable to you, acknowledge this by writing "N/A" in the available space. All submissions must be signed. Submitting a hardship request form is not a guarantee that an award will be made. If needed, you may attach additional sheets for the free response sections.

Once completed, you may email the form to COVID-19assistance@bernardzell.org. If you have questions, please reach out to the Director of Finance, [Jackie Friedman](#).

Your Name _____

Email _____ Phone _____

Student(s) Name _____ Grades in the Fall of 2021 _____

Annual Income prior to COVID-19: \$ _____

Reason for Hardship Request (May select multiple as appropriate):

- | | |
|--|---|
| <input type="checkbox"/> Reduced income (personal) | <input type="checkbox"/> Medical/Health expenses |
| <input type="checkbox"/> Reduced income (business) | <input type="checkbox"/> Increase to other expenses |
| <input type="checkbox"/> Job Loss | |

Estimate of Lost Income per month: _____

Estimated duration of reduced income (months): _____

Estimate of increased expenses per month: _____

Estimated duration of increased expenses (mos): _____

In the case of job loss, severance pay received: _____

Have you applied for Tuition Assistance for the 2020-21 school year?

- ☐ Yes ☐ No

If not, you will need to complete a [SMART aid](#) application. Please contact Jackie Friedman (jfriedman@bernardzell.org) for instructions on starting the application.

Free Response Questions:

1. Please outline the catalyst for this hardship request. In other words, what has materially changed since you agreed to the current tuition obligation. For example: job loss, health problems, natural disaster, etc. Where possible, please provide supporting documentation.

2. Please describe what size of award you are seeking. Be as specific as possible; include what degree of assistance is being requested and for how long, which tuition payments are of particular concern, etc.

3. Please outline what steps are being taken to attempt to mitigate the impact of this unexpected hardship. We understand this may not be fully possible to complete at the initial time of submission, but the more detail that can be provided, the fuller a review can occur.

4. For single parent households, please describe the degree to which a non-custodial parent is supporting your child's education during your current hardship.

5. If there are other details regarding this request, please elaborate here.

By signing below, I attest that the information submitted here is true and accurate to the best of my (our) knowledge. Intentionally providing false information will result in ineligibility for any form of hardship assistance and may impact future eligibility for tuition assistance through the normal application process.

Parent/Guardian Signature:

Date

Parent/Guardian Signature:

Date