



**Jewish Communal Professional (JCP)  
Tuition Credit Application Form  
2024-2025 School Year**

Name:	
Address:	
Employer:	
Employer Address:	
Supervisor's Phone & Email:	
Number of Weekly Hours / Percentage of Time Employed:	

Employee Verification

By signing this form, I affirm that I work for a Jewish organization for the above listed hours.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Supervisor Verification

By signing this form, I affirm that the information provided above regarding the listed employee listed, including hours worked, is correct.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit completed form to DeAnna Martin at [dmartin@grossschechter.org](mailto:dmartin@grossschechter.org) or 27601 Fairmount Blvd., Pepper Pike, OH 44124-4614.

Thank you for choosing Gross Schechter Day School!