

WOMEN OF TEMPLE ISRAEL AND BROTHERHOOD CAMP SCHOLARSHIP GUIDELINES

The purpose of Temple Israel camp scholarship grants is to enable Temple Israel's families to send their children to Jewish experience camps.

The following guidelines apply to all camp scholarships requested from Women of Temple Israel and Brotherhood.

1. Parent(s) of the applicant shall be members in good standing of Temple Israel. If not, please contact Temple Israel's Executive Director to make necessary arrangements.
2. Priority may be given to 1st time applicants.
3. Grants will be awarded at the discretion of the Scholarship Committee with priority consideration to be given to students in financial need, upon recommendation of the Rabbi, WTI and Brotherhood Boards.
4. GIVE-TY funds may be used for registration fees only and payments will be made directly to the camp.
5. Each applicant must complete an application for each request.
6. All applications are treated as confidential documents.
7. Applications for summer camp are due by March 1, 2019. They should be mailed to:
Women of Temple Israel, c/o Temple Israel, 431 E. Broad St., Columbus, OH 43215.

APPLICANT SIGNATURE: _____

WOMEN OF TEMPLE ISRAEL AND BROTHERHOOD
Camp Scholarship Application

Please answer all questions. Scholarships will be awarded on the basis of several criteria, including: need, youth participation and the number of scholarships requested. **Application due date: March 1st.** Notification of camperships will be made after March 15th.

The following questions are to be answered by a parent:

Name of Student _____ Age _____

Name of Parent(s) _____

(please indicate with which parent the child resides)

Parent Email Address(es) _____

Address _____

City _____ State _____ Zip _____

Phone _____ Grade in School _____

FOR OFFICE USE ONLY

Youth Program _____ Total Cost _____

Camp _____ Amount Requested _____

Israel _____ Amount Approved _____

Other _____ Fund _____

Signed: _____ Signed: _____

(Rabbi)

(Administrator)

Date Notified: _____

CAMP SCHOLARSHIP FOR:

Program _____ Dates: _____

Other _____

Basic Cost of Program \$ _____ Amount of Camp Scholarship Request* \$ _____

(*Must be completed or application cannot be considered.)



Has the child attended this type of program before? (If yes, please give name and date of program.) _____

Has the child received a camp scholarship from Temple Israel before this request? (If yes, please explain.) _____

Is the child applying for other scholarships for this program? (If yes, please explain.) _____

Has the child participated in Temple youth programs? (If yes, please explain.) _____

Please detail any financial circumstances that may be applicable to your request. _____

The following question is to be answered by the child:

Why do you want to participate in this program?

*Please return this form to:
Women of Temple Israel
Tempe Israel, 431 E. Broad Street, Columbus, OH 43215
Deadline: March 1, 2019*