



Financial Aid Application for Temple Youth Programs

To the **APPLICANT AND FAMILY**: Please complete the application and return it as promptly as possible to:

Temple Israel, Attn: Zach Goldberger
5725 Walnut Lake Road, West Bloomfield, MI 48323

PLEASE MARK YOUR ENVELOPE **“PERSONAL & CONFIDENTIAL”**

IMPORTANT

Please submit both the Parent/Guardian Form and the Participant's Questionnaire together. If the parents of the applicant are divorced or separated, please have the custodial parent and/or financial supporter complete the form. Please be sure to complete every section on each questionnaire.

YFTI scholarships are available to eligible teens who have participated in at least **two** volunteer opportunities throughout the year.

Participant Info

Name: Last First Middle

Home Address City

State Zip Student Email

Home Phone Student Cell

Date of Birth Month Date Year Gender

Amount of Scholarship dollars you are requesting (*a number please*). \$ _____

Amount of Scholarship requested or granted from other sources. \$ _____

List Here: Source Amount \$ _____

Source Amount \$ _____

Additional amount contributed by the student: \$ _____

Amount Parents/Guardians will contribute: \$ _____

Parent / Guardian #1	Parent / Guardian #2
Name	Name
Address	Address
City, St., Zip	City, St., Zip

