



Youth Scholarship Application

Judea Reform Congregation offers the opportunity for select scholarship awards to youth in need of supplementary funds to cover the cost of a variety of enrichment and education activities.

Please check the scholarship for which you are applying (more than one may apply):

- The Melvin & Zora Rashkis Scholarship** is made possible by a generous gift from the Rashkis Trust. The scholarship was established to help Judea Reform members with financial need to cover the cost of tuition for Religious School education. Awards are made on an annual basis in September of the new school year. Applications must be received by September 30 of each school year. (NOTE: Please be aware that in the event a scholarship is awarded to you, per the terms of the Melvin & Zora Rashkis Trust, your name, your child's name, and the amount of scholarship funding granted will be disclosed to the trust administrator.)
 I consent to this disclosure described in the note above.
- The Youth Fund** was established for Jewish overnight camp scholarships and programming for children and teens. Awards are made on an ongoing basis.
- The Teen Fund** supports teens interested in attending regional or national NFTY events. Awards are made on an ongoing basis.
- Elise and Gordon Light Scholarship Fund** funds scholarships for teen attendance at regional and national NFTY events and Jewish summer camps.

Please complete the application and return it to Judea Reform Congregation ATTN: Education Director/Scholarship (1933 W. Cornwallis Rd., Durham, NC 27705).

Child/Student Name: _____

Child/Student E-mail (if applicable): _____

Parent(s) Name(s): _____

Parent(s) E-mail: _____

Grade/Camp/Program Attending: _____

Cost of Program: _____

Amount of Scholarship Requested: _____



What do you hope to gain from attending this program/registering your child for this program?

Upon completion of the program, how will you/your child apply what has been learned and experienced to the JRC community?

Please briefly describe your need for financial assistance at this time.

(The information you provide will be considered confidential and disclosed only to the evaluating committee.)

Signature of Parent/Applicant

Date

For more information, please contact Rabbi Brian Nelson, bnelson@judeareform.org

For office use: date received _____ amount awarded _____ notification _____