



temple israel

## Temple Israel

### Pransky Camp Ramah Scholarship Application

Date \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade in School \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent's Names \_\_\_\_\_ Phone \_\_\_\_\_

Father's Business \_\_\_\_\_ Mother's Business \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

Has applicant previously participated in a Camp Ramah program? \_\_\_\_\_ When? \_\_\_\_\_

Grade in Religious School \_\_\_\_\_

Please list other children's names and ages in family

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

I certify that all of the information contained within and attached to this application is current, accurate and true.

\_\_\_\_\_  
(Applicant Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)