

# JEWISH FEDERATION OF CENTRAL MA SCHOLARSHIP FORM

Participant's Name	
Date of Birth	
Grade as of Sept '24 (if applicable)	
Father's Name	
Mother's Name	
Address	
City & Zip	
Home Phone	
Business Phone (Father)	
Business Phone (Mother)	
Parent Email / Participant email	
Name of Program Attending	
Dates Attending	
Cost of Program?	
Website of Program?	
Are you or have you applied for scholarships elsewhere? If so, where?	
Have you received notification that you will receive a scholarship? If so, for how much?	

Please complete in full and return to JFCM via email:  
[LThurlow@jfcma.org](mailto:LThurlow@jfcma.org), Fax 508-798-0962 or mail:  
 JFCM, 633 Salisbury Street, Worcester, MA 01609  
 Any questions, please call 508-756-1543.



**Deadline for submissions is 02/15/24**