



For Members of Beth Emeth Only

## Joseph Smith Sports Achievement Scholarship

### APPLICATION FORM

Date \_\_\_\_\_

Name \_\_\_\_\_ Social Insurance Number \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone No. (H) \_\_\_\_\_ (B) \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone No. (H) \_\_\_\_\_ (B) \_\_\_\_\_

Current School Attending \_\_\_\_\_ Grade: \_\_\_\_\_

Are your parents members of Beth Emeth Bais Yehuda? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, to which synagogue do they belong? \_\_\_\_\_

Your connection to Beth Emeth \_\_\_\_\_

In what community/school sports activities do you participate? \_\_\_\_\_

\_\_\_\_\_

To what sports program/activity do you wish to apply for this scholarship/award?

\_\_\_\_\_

Please provide details and information (dates/locations) etc. about this sports program/activity.

What is the total cost of the program (excluding personal expenses)? \_\_\_\_\_

Please provide receipt/verification of enrolment in the program. \_\_\_\_\_

Have you applied for other scholarships, bursaries, subsidies or other funding from other sources towards this program? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, from whom \_\_\_\_\_ For how much \_\_\_\_\_



Have you received funds towards this program from other scholarship, subsidy, or bursary etc. sources?

No \_\_\_\_\_ Yes \_\_\_\_\_ How much? \_\_\_\_\_ From whom? \_\_\_\_\_

Please provide two references that we can contact regarding your sport/athletic pursuits.

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Please attach a brief essay (250 words). Describe why and how this program is meaningful to you and how you think you will benefit from the program to which you have applied.

If your application is accepted, a follow-up letter summarizing your experiences and feelings is to be submitted to the Joseph Smith Sports Achievement Scholarship Committee.

\_\_\_\_\_  
Signature of Applicant