



# Beth Emeth Bais Yehuda

## A World of Jewish Experience

For Members Only

### KELMAN FUND APPLICATION FORM

This scholarship is for synagogue members attending programs which support Jewish continuity, such as eligible overnight Jewish camps. (e.g. Ramah, Solelim etc.)

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Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

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

Father's Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Are you currently enrolled in any formal Jewish Education programs? Yes ☐ No ☐

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

In what Synagogue activities do you participate? \_\_\_\_\_

Do you speak Hebrew? Fluently ☐ Well ☐ Poorly ☐

To which program have you applied? \_\_\_\_\_

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

Is this your first time requesting funds from Beth Emeth? No ☐ Yes ☐

If no, please provide details \_\_\_\_\_

Have you applied for other scholarships, bursaries, subsidies or funding from other sources?

No ☐ Yes ☐ If yes, how much (exc. HST)? \_\_\_\_\_ From whom? \_\_\_\_\_

The Kelman Fund subsidies are distributed partially based on financial need. Briefly describe challenges you may have in participating in the program without a grant from the fund.

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Give two references that we can contact about you

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Email/Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Email/Phone \_\_\_\_\_

Please attach a brief essay (250 words) in which you describe 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 Committee.

***I agree to speak/share my experiences with Beth Emeth Bais Yehuda.***

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Signature of Applicant