

Temple Beth Shalom
Jewish Camp Scholarship Application 2019
This form is due to Kelly Finkel no later than Friday, 2/22/2019.
Please complete both pages of this application.

Scholarship awards are based on financial need, the number of applicants, the amount requested, the funds available and previous support. Please indicate if you have received aid from any other organization in the space below.

CHILDREN'S INFORMATION:

Child	Child's First name	Child's Last Name	Year in School	Camp Attending
#1				
#2				
#3				
#4				

FAMILY INFORMATION – Please fill in ALL of this information:

Parents' Name(s)		
Street	City	Zip
Child's Home Phone	Parent #1's Work Phone	Parent #2's Work Phone

CAMP/FINANCIAL INFORMATION (please complete information for each child):

Child	Camp Attending	Session Dates	Cost per Session	Amount Requested	Amount Awarded
#1				\$	
#2				\$	
#3				\$	
#4				\$	
Total Amount Requested:				\$	

<p>We have applied directly to the camp for aid this year.</p> <p>Name of Camp(s): _____</p> <p>Amt. Rec'd. _____</p>	<p>We have applied to JCRS or other organization this year.</p> <p>Name of Organization: _____</p> <p>Amt. Rec'd. _____</p>
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Please list prior camp experiences for each child, including year(s) attended:

Please list prior Temple Beth Shalom camp scholarships (amt/yr):

FOR OFFICE USE ONLY:

Date Rec'd:	FAMILY CODE:	
	Organization	Award Amount

The selection process is "blind" - committee members are not supplied with applicants' names. To assist the committee, please provide any information or circumstances that would be relevant to our consideration of your application.
