Temple Beth-El Youth Scholarship Request Form
(Revised 3/07)

Date: ___________________________  *Please attach a program brochure to this form

Student Name: ___________________________  Parent/Guardian Name(s): ___________________________
Student Address: ___________________________  Parent Email: ___________________________
Day Phone: ___________________________  Cell Phone: ___________________________

PART I: Program Information

☐ Travel (destination) ___________________________  ☐ Summer Camp (name) ___________________________
Total Cost: $ ___________________________  Amount of Stipend You Need: $ ___________________________  Deadline: ___________

Reason for Needing Stipend: ___________________________

Is the program affiliated with the UAHC/Reform Movement?  ☐ Yes  ☐ No

Have you applied for other scholarships?  If yes, please list: ___________________________

PART II: Student Affiliation with Temple Beth-El

Are you enrolled in Temple Beth-El's Religious School?  ☐ Yes  ☐ No

If yes, what grade?  If no, what is the highest grade you completed? ___________________________

Have you had any youth group experience?  ☐ Yes  ☐ No

If yes, please list: ___________________________

Please list any leadership positions held in the youth groups: ___________________________

Please indicate the activities to which you will commit when you return from this program:

_____ I will continue/re-enroll in the Religious School program.
_____ I will make a presentation about the program I attended to:
    ☐ Sunday School class  ☐ Hebrew School class  ☐ Sisterhood/Brotherhood  ☐ PROVTY/Jr. PROVTY/Sababah
    ☐ I will serve as a Teacher's Aide for Hebrew and/or Religious School
    ☐ I will be active in PROVTY/Jr. PROVTY
    ☐ I will become active in Hillel at my college
    ☐ I will become active at a Reform temple in my college community (Attend services, teach Religious School, help with youth programming, etc.)
    ☐ Other: ___________________________

Have you received a scholarship from Temple Beth-El before?  ☐ Yes  ☐ No

If you said yes, which of the above commitments did you fulfill this past year?  If you said no, why?

______________________________

70 Orchard Avenue
Providence, RI 02906-5402
(401) 331-6070

Temple Beth-El
Congregation Sons of Israel & David
PART III: Essays

Please answer the following questions. Feel free to attach extra paper if needed.

A. Why did you choose this program?

________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________
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B. What do you hope to gain from this experience?

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C. How will attending this program enhance other aspects of your Jewish life?

________________________________________________________________________________________________________
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________________________________________________________________________________________________________

I will write a Thank You note at the completion of the program to the appropriate Family/Fund/Temple Group.

Signature of Applicant: ___________________________ Date: ________________

Signature of Parent/Guardian: ___________________________ Date: ________________