## Congregation Brith Shalom Scholarship Application JEWISH SUMMER CAMP

**DUE BY: March 15** Today's Date \_\_\_\_\_ **CONDITIONS FOR ALL FINANCIAL AID:** • Family is in good standing as per constitution. • Child is enrolled in CBS Religious School or Jewish day school. **PART A - APPLICANT INFORMATION:** Name of Applicant: \_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_ month day year Brith Shalom Religious School Grade (for school year of this application): Secular School: Grade: Address: City/State/Zip: Parent's Name: Phone: Parent's Address (if different from student's): Address: \_\_\_\_ City/State/Zip: \_\_\_\_ Phone: \_\_\_\_\_\_ E-mail: \_\_\_\_\_ Please indicate where student received his/her lewish education at the following levels: Completion Completion Grade School Explain non-completion Yes Kindergarten - 2<sup>nd</sup> Grade 3<sup>rd</sup> Grade (Aleph) - 7<sup>th</sup> Grade (Hay) 8<sup>th</sup> Grade (Vav) - 12th Grade (Yod) PART B - PROGRAM THIS SCHOLARSHIP REQUEST IS FOR: Name of Program: \_\_\_\_\_ Dates of Program: \_\_\_\_\_ Mailing Address: City / State / Zip: PART C - STATEMENT OF COMMITMENT: We acknowledge that the grant of this scholarship is conditioned on the applicant being continuously and currently enrolled in the Brith Shalom Religious School or a Jewish Day School and intends to remain enrolled through 12th Grade. We understand that if the recipient is removed from the program for cause, the grant/scholarship will be refunded to the congregation in full.

Parent's Signature (for everyone)

Applicant's Signature (if post Bar/Bat Mitzvah)

PART D - FINANCIAL AID REQUEST		
Other Sources of Aid:  Camp:  Yes [] No [] Amount: \$  Jewish Federation:  Other Sources:  Yes [] No [] Amount: \$		
Cost of program: \$ Travel expenses (if applicable): \$ Amount Requested: \$		
Statement of Financial Need (Relevant comments could employment information, college tuition, etc.)	include: family circumstances, health, marital s	tatus
PART E -ENDORSEMENT BY PRINCIPAL:		
Signature:	Date:	
PART F – ENDORSEMENT BY FINANCIAL COMMI	TTEE:	
Signature:	Date:	
PART G - SCHOLARSHIP COMMITTEE ACTION:		
Approved amount: \$	Denied:	
Date:		
Explanation:		
Scholarship Committee Chairperson's Signature:		
	Date:	

PAGE 2 – NAME of APPLICANT \_\_