

TEMPLE SINAI URJ CAMP/ISRAEL/SUMMER PROGRAM SCHOLARSHIP APPLICATION

This completed form must be returned to the temple by January 31, 2019 for full consideration.

| | |
|------------------------------------|--|
| Requesting scholarship for: | |
| ___ Camp Camp name _____ | ___ NFTY in Israel Which trip? _____ |
| Which session(s)? _____ | ___ Other URJ summer program Which program? _____ |
| Cost of program \$ _____ | |

Child's name _____ As of June, entering grade _____

Parent(s) name(s) _____

Child primarily lives with _____

Home phone _____

Parent #1 cell _____ Parent #2 cell _____

Parent #1 email _____ Parent #2 email _____

Number of people living in your household: ___ adults ___ children (under 18)

How costs will be met: \$ _____ from family

\$ _____ from Jewish Federation Incentive Grant (estimate)

\$ _____ from other source (OHC, camp, etc.) Specify: _____

\$ _____ Amount requested from Scholarship Fund

Which circumstances affecting your family's financial situation would it be helpful for the Scholarship Committee to know about when determining your scholarship eligibility? (Use other side if necessary.)

I certify that all information contained in this application for summer scholarship from Temple Sinai is true and correct to the best of my knowledge. I understand that funds awarded will be paid directly to the camp or program office. I will inform the Vice President of Education of any changes in plans with regard to camp or program attendance. If awarded a scholarship and my son/daughter does not attend, I understand that I will be responsible for repaying the temple if the money cannot be refunded or reapplied.

PARENT SIGNATURE _____ **DATE** _____