

✧ Congregation Beth Tikvah 2009 OVERNIGHT CAMP or YOUTH ACTIVITIES Scholarship Application

This completed form must be returned to the temple office by January 30, 2009. You will be contacted by the Finance Committee Chair for an interview.

Name of Participant: _____ Birth Date: _____

Parent(s): _____

Address: _____

Home Phone: _____ Work Phone #: _____

Name of Jewish CAMP/ACTIVITY for scholarship request: _____

Amount of money requested: \$

Total cost of program: \$

Is this the first year your child has attended this program? yes no

What circumstances or financial commitments of the family should be considered in this application?

Have any other applications for financial assistance been made? yes no

If yes, please indicate the name of the agency and the amount requested: \$

Agency Name: _____

For completion by participant: How do you expect to benefit from this experience? *Please be brief.*

Parents' signature: _____ Date: _____

Best days to contact parent for an interview: _____

Best times: _____