

**TEMPLE EMANU EL
JEWISH OVERNIGHT CAMP/ISRAEL TRIP/NFTY CONVENTION
SCHOLARSHIP APPLICATION**

PART I – TO BE COMPLETED FOR ALL STUDENTS

1. Student's Name _____ Grade _____
 Telephone Number _____
 Parent's Name(s) _____
 Full Address _____

2. JEWISH OVERNIGHT CAMP/ISRAEL TRIP/NFTY CONVENTIONS ATTENDING:
 Program Name _____
 Full Address _____

For GUCI ONLY:

Is this the 1st or 2nd year your child is attending this camp? (check one)
 If more than 2 years, how many years has your child attended this camp? _____

FOR ISRAEL TRIPS:

Do you have a Gift of Israel Account? Yes No

PART II – TO BE COMPLETED FOR NEED BASED SCHOLARSHIPS FOR JEWISH OVERNIGHT CAMPS/ISRAEL TRIPS/NFTY CONVENTIONS

1. PROGRAM COSTS

Program Fee		\$ _____
Transportation Fee (if extra)	+	_____
Amount of Scholarships Outside Temple Emanu El	-	_____
SUBTOTAL		_____
Student Contribution to cover share of cost	-	_____
Family Contribution to cover share of cost	-	_____
Gift of Israel Savings Program to cover share of cost	-	_____
SUBTOTAL		_____
**Amount of Scholarship Requested		\$ _____

****If this line is not filled in, the application will not be considered. Please be specific.**

2. FAMILY INFORMATION

Parent's Marital Status: Married Separated Divorced
 Single Widowed

Father:
Full name _____
Occupation _____
Business Name _____
Position _____

Mother:
Full Name _____
Occupation _____
Business Name _____
Position _____

of Years Employed at present job ____

of Years Employed at present job ____

Full Time Part Time

Full Time Part Time

Unemployed Retired

Unemployed Retired

3. PREVIOUS SCHOLARSHIPS

List any previous scholarships student has received. Year _____ Amount _____
Year _____ Amount _____
Year _____ Amount _____

List any previous scholarships siblings have received Year _____ Amount _____
Year _____ Amount _____
Year _____ Amount _____

4. PARENT'S STATEMENT: Please state succinctly the reason(s) you are requesting scholarship funds. (Note unusual expenses, income loss, divorce, medical etc.)

I/We affirm that the information contained herein is true and accurate.

Parent's Signature _____

Date _____

ALL OF THE ABOVE INFORMATION WILL REMAIN CONFIDENTIAL.

