



## 2018 Summer Camp and Israel Trip Scholarship Application

The purpose of Temple Shalom Endowment Scholarship is to provide financial assistance for Jewish camp experiences, Shabbaton or Retreats for Jewish High School Students and contribution towards trips to Israel for Students who are post-B'nai Mitzvah and actively continuing their Jewish education as active members in our community, students at Temple Shalom, tutoring Temple Shalom Students or teaching/assisting in Temple Shalom schools.

Date: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Name of Parent(s): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Preferred contact phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Jewish Camp scholarships are for students who are studying for or who have completed B'nai Mitzvah and are actively continuing their Jewish education as students in Temple Shalom education programs, Jewish programming in the greater community, tutoring Jewish students or teaching in the Temple Shalom School.

Contribution toward trips to Israel are for students who are B'nai Mitzvah and are actively continuing their Jewish education as students in Temple Shalom, post B'nai Mitzvah Jewish education programs, tutoring Temple Shalom students or teaching in the Temple Shalom School.

Please provide dates and a description of applicant's participation in Jewish education at Temple Shalom and/or post B'nai Mitzvah continuing education or involvement :

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Name, dates and location of Jewish camp, retreat, Shabbaton or trip to Israel for this applicant (please attach completed program application):

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Are you applying for other Jewish Camp Scholarships? Please detail here:

Foundation/Organization \_\_\_\_\_ Amount \$ \_\_\_\_\_ accepted? \_\_\_\_\_  
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Foundation/Organization \_\_\_\_\_ Amount \$ \_\_\_\_\_ accepted? \_\_\_\_\_

Cost of Jewish camp, retreat, or trip to Israel for this applicant (excluding travel/ air fare):

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Amount of scholarship requested from Temple Shalom Camp Scholarships for this applicant:

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Amount you, the family, pledge to contribute for this applicant: \_\_\_\_\_

By signing below, I/we confirm that I/we have read and understand the Scholarship Policy and agree that, if applicant cancels or does not attend, applicant will return the scholarship money in full to Temple Shalom.

Applicant's Signature \_\_\_\_\_

Parent's Signature(s) \_\_\_\_\_

Date: \_\_\_\_\_

Please submit a separate form for each Student. Applicant and parent names will remain confidential.

Submit this form to: Deborah Sarna, Education Coordinator [dsarna@templeshalom.com](mailto:dsarna@templeshalom.com)

Deadline for submission is February 1, 2018.