



DATE RECEIVED _____
INITIAL _____

BETH SHOLOM CONGREGATION
8231 Old York Road
ELKINS PARK, PA. 19027-1595

2017-2018 SCHOLARSHIP APPLICATION

Scholarships are for Jewish Educational Summer Programs. Applications will be accepted until 2/26/18. Only complete applications will be reviewed. There are a limited number of scholarships available. Scholarships are solely based on financial need. Applications should be addressed to the Executive Director and marked Confidential.

1. PLEASE LIST CHILDREN WHOM YOU ARE APPLYING FOR SCHOLARSHIP FOR:

1ST CHILD'S NAME _____ **GRADE AS OF SEPT 2017** _____

SCHOOL _____ **SCHOOL OF JEWISH EDUCATION** _____

CAMP/ISRAEL PROGRAM (Please note day or overnight) _____

TOTAL COST OF PROGRAM \$ _____ **LENGTH OF PROGRAM** _____

2ND CHILD'S NAME _____ **GRADE AS OF SEPT 2017** _____

SCHOOL _____ **SCHOOL OF JEWISH EDUCATION** _____

CAMP/ISRAEL PROGRAM (Please note day or overnight) _____

TOTAL COST OF PROGRAM \$ _____ **LENGTH OF PROGRAM** _____

OTHER CHILDREN MAY BE LISTED ON THE BACK OF THIS FORM

2. **PARENT NAME** _____ **OCCUPATION** _____

HOME ADDRESS _____

HOME TELEPHONE _____ **BUSINESS TELEPHONE** _____

BUSINESS ADDRESS _____

3. **PARENT NAME** _____ **OCCUPATION** _____

HOME ADDRESS _____

HOME TELEPHONE _____ **BUSINESS TELEPHONE** _____

BUSINESS ADDRESS _____

3.PARENTS' STATUS: MARRIED____SEPARATED____DIVORCED____
WIDOWED____REMARIED____

4.NUMBER OF CHILDREN IN HOUSEHOLD____ OTHERS IN HOUSEHOLD _____

AGES OF CHILDREN _____

5. HAVE YOU APPLIED FOR AID ELSEWHERE? _____

IF YES, WHAT AMOUNT OF AID DID YOU RECEIVE? _____

7. TOTAL AMOUNT OF SCHOLARSHIP MONEY DESIRED FROM BETH SHOLOM?

\$_____

8. TOTAL AMOUNT OF ANTICIPATED MONEY FROM SOURCES OTHER THAN BETH
SHOLOM. \$_____

9. WHAT SPECIAL NEEDS DO YOU HAVE TO SUPPORT RECEIVING A SCHOLARSHIP?

10. HOW MANY TIMES HAS THE STUDENT BEEN TO ISRAEL? (For Israel applicants only).

11. I have spoken with the Executive Director and am in good financial standing with the
congregation. _____ Date of conversation. _____

12. **W-2 AND A COPY OF 2017 FEDERAL TAX FORMS ARE REQUIRED IN ORDER TO
PROCESS APPLICATIONS. IF 2017 FORMS ARE NOT AVAILABLE SUBMIT 2016 FORMS.

*I HEREBY CERTIFY TO THE BEST OF MY KNOWLEDGE, THAT ALL OF THE ABOVE
INFORMATION IS AS CORRECT AND COMPLETE AS POSSIBLE.*

PARENT'S OR GUARDIAN'S SIGNATURE _____

*****REMINDER: ALL ISRAEL PROGRAM APPLICANTS ARE REQUIRED TO SUBMIT AN ESSAY
ALONG WITH THEIR APPLICATIONS. ESSAYS ARE TO BE TITLED, "THE IMPORTANCE OF THIS
ISRAEL TRIP TO ME." ESSAYS SHOULD BE NO LONGER THAN TWO TYPED PAGES DOUBLE
SPACED.**