



(Office) Date Received: _____

Camp, Israel, and Youth Program Scholarship Application -- 5779 / 2018-2019

Adat Shalom's Daniel Thursz, Camp Scholarship, and Clergy Discretionary Funds

Application Deadline: received by February 8th for greatest consideration

NAME OF CHILD SEEKING SCHOLARSHIP: _____

CURRENT GRADE IN SCHOOL (2018-2019): _____

MEMBER / PARENT: _____

ADDRESS: _____

BEST PHONE #: _____ PARENT'S E-MAIL: _____

CAMP / PROGRAM / TRIP NAME: _____

CAMP / PROGRAM / TRIP WEBSITE: _____

DATES CHILD WILL ATTEND CAMP, TRIP, OR PROGRAM: _____

Total Cost of Camp / Trip / Program \$ _____ ADDITIONAL NOTES: _____

Parental Contribution/s \$ _____

Support provided by other family sources \$ _____

Scholarship support provided by Program or Camp \$ _____

Scholarship support provided by other agencies \$ _____

Adat Shalom Scholarship Request (Typical Range \$180-\$500) \$ _____

PLEASE ATTACH A SHORT STATEMENT ADDRESSING THE FOLLOWING THREE ITEMS:

A: A short (even one-line) Description of this particular Camp, Israel Trip, or Youth Program

B: A short paragraph FROM THE STUDENT on "What This Camp or Program Means to Me"
(for Israel trips, please also address "What Israel Means to Me," as well)

C: Statement from Parent/s about the actual level of financial need. Our resources are unfortunately *limited*; we try to help everyone who requests aid; the *difference* this one source of aid will make is a key factor in scholarship allocations.

Signature of Student

Signature of Parent or Guardian

Date

Please return this form and other required materials, preferably to be received no later than February 8th to:

**Rabbi Julie K. Gordon, Director of Education
Adat Shalom 7727 Persimmon Tree Lane Bethesda, MD 20817**
(or scanned and sent to e-address below; or faxed to 301-767-3340)

For more information, e-mail rabbijulie@adatshalom.net