

**Congregation Brith Shalom**  
**ISRAEL EXPERIENCE GRANT APPLICATION**

**DUE BY: March 3, 2009**

Today's Date \_\_\_\_\_

**CONDITIONS FOR ALL FINANCIAL AID:**

- Family is in good standing as per constitution.
- Child is enrolled in CBS Religious School OR Jewish day school.

**PART A – APPLICANT INFORMATION:**

Name of Applicant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month day year

Brith Shalom Religious School Grade (for school year of this application): \_\_\_\_\_

Secular School: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Parent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Parent's Address (if different from student's):

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

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please indicate where student received his/her Jewish education at the following levels:

Grade	School	Completion Yes	Completion No	Explain non-completion
K - 2 <sup>nd</sup> Grade				
3 <sup>rd</sup> – 7 <sup>th</sup> Grades				
8 <sup>th</sup> - 12 <sup>th</sup> Grades				

**PART B – PROGRAM (Check One):**

THIS SCHOLARSHIP REQUEST IS FOR:

Name of Program: \_\_\_\_\_ Dates of Program: \_\_\_\_\_

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

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

**PART C – STATEMENT OF COMMITMENT:**

We acknowledge that the grant of this scholarship is conditioned on the applicant being continuously and currently enrolled in the Brith Shalom Religious School or a Jewish Day School and intends to remain enrolled through 12<sup>th</sup> Grade. We understand that if the recipient is removed from the program for cause, the grant/scholarship will be refunded to the congregation in full.

*I understand by accepting the Brith Shalom Israel Experience Grant I am agreeing to prepare a brief oral report to be presented to the Congregation or Religious School upon my return or shortly thereafter.*

Applicant's Signature (if post Bar/Bat Mitzvah) \_\_\_\_\_

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

**PART D – ENDORSEMENT BY PRINCIPAL:**

Signature: \_\_\_\_\_

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

**PART E – ENDORSEMENT BY FINANCIAL COMMITTEE:**

Signature: \_\_\_\_\_

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

**PART F – SCHOLARSHIP COMMITTEE ACTION:**

Approved amount: **\$1000.00** \_\_\_\_\_

Denied: \_\_\_\_\_

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

Explanation:

---

---

---

Scholarship Committee Chairperson's Signature:

\_\_\_\_\_

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