

Congregation Brith Shalom ISRAEL EXPERIENCE GRANT APPLICATION

DUE BY: March 04

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
Kindergarten - 2 nd Grade				
3 rd Grade (Aleph) - 7 th Grade (Hay)				
8 th Grade (Vav) - 12 th Grade (Yod)				

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 12th 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: _____