



# The Emanuel Synagogue Scholarship Application

Action \_\_\_\_\_ Signature of Presiding Officer \_\_\_\_\_ Date \_\_\_\_\_

**Please Note:** The deadline for submitting this application is **Feb. 28<sup>th</sup>, 2018** Scholarship distribution is **AFTER JUNE 15<sup>th</sup>**.

Name \_\_\_\_\_ Public School Grade \_\_\_\_\_ Religious School Grade \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Bus. Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Bus. Phone \_\_\_\_\_

### Religious Schools and Youth Group Affiliation:

Grade Level	Dates	Youth Group	Dates	Offices
Primary (K – 2)		Kadima		
Elementary (3 – 7)		USY		
High School (8 - 12)		Other		
Day School		Teacher's Aide		

### Emanuel and Jewish Community Projects to which you contributed your services:

\_\_\_\_\_  
\_\_\_\_\_

**Please list other scholarships for which you have applied.** \_\_\_\_\_

\_\_\_\_\_

**To Parents:** The Scholastic Awards Committee provides assistance to students who wish to attend programs sponsored by the following: Camp Ramah in the United States and Israel, USY or any other American Jewish or Israeli Educational agency.

The amount of such assistance is dependant upon the number of applications and available funds. In order to receive a scholarship, applicant synagogue dues must be current and paid up.

### Parent's Approval:

I hereby approve the application of my child \_\_\_\_\_ for subsidy towards the payment of the fee in the \_\_\_\_\_ program for (date) \_\_\_\_\_ until (date) \_\_\_\_\_. The total cost of my child's participation in this program is \$\_\_\_\_\_.

Signed \_\_\_\_\_ Date \_\_\_\_\_

### Student Applicant's Statement:

I would like to participate in \_\_\_\_\_ because \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Use other side if necessary.