

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

Name of applicant: \_\_\_\_\_ Age: \_\_\_\_\_

Parent's name: \_\_\_\_\_ Email: \_\_\_\_\_

*If applicable, list primary parent/guardian that child lives with, for communication purposes.*

Parent phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_

*Again, if applicable, list primary parent phone information.*

Primary home address: \_\_\_\_\_  
*Street address city zip*

Number of people in household \_\_\_\_\_

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

Name of camp/conference/program \_\_\_\_\_

Location \_\_\_\_\_ Date of event \_\_\_\_\_

Costs: •Tuition \_\_\_\_\_ •Transportation \_\_\_\_\_ •Lodging/food \_\_\_\_\_ Total: \_\_\_\_\_

Sponsoring organization \_\_\_\_\_

How much assistance will you receive from the sponsoring org.? \_\_\_\_\_

Have you applied for assistance from other sources? \_\_\_\_\_ Amt. rec'd \_\_\_\_\_

Parent(s) occupation(s): \_\_\_\_\_

Family's Adjusted Gross Income \_\_\_\_\_

Parent(s) marital status: Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_

Other information relevant to scholarship need:

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*By signing below, my parent/guardian & I affirm that the statements made in this application are true and accurate. We agree to adhere to the guidelines for this scholarship.*

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent: \_\_\_\_\_ Date: \_\_\_\_\_

***All information will be held in strictest confidence***

Applicant, write a full paragraph explaining your current and past involvement with the Jewish community, the purpose of your participation in the above event, and what you hope to bring back to our community. You are requested to submit a thank you letter as well as a picture that was taken of you during the event/program. This letter and picture may be published in our newsletter as an example of a student who has benefitted from our scholarship service.

Name of applicant: \_\_\_\_\_

Statement: \_\_\_\_\_

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Return form to:  
Rob Stein, Chair, Ed. Committee  
2553 Chuckanut St.  
Eugene, OR, 97408