



SCHOLARSHIP APPLICATION

(For children of members of Adath Israel Congregation)

Date: _____

A. PERSONAL INFORMATION

1. Name of applicant: _____

2. Birthdate: _____

3. Phone #: _____

4. Fax #: _____

5. E-mail address: _____

6. Address: _____

7. Present school you are attending:

_____ grade/year

8. Hebrew school attended: _____ presently enrolled?

Yes ___ No ___

Last grade completed: _____

9. Name of parent: *mother* _____

Tel: (H) _____ (W) _____

10. Name of parent: *father* _____

Tel: (H) _____ (W) _____

11. Are your parents members of Adath Israel? _____

12. Please describe your participation in synagogue and community activities.

B. REQUEST FOR SCHOLARSHIP

1. Name of the Program for which you are requesting a scholarship:

a. Camp Ramah ____ b. USY-Israel ____ c. March of the Living ____

d. Post-secondary education in Israel _____

e. Other, please explain _____

2. Period of participation: _____

3. Cost: _____

4. Details of Program _____

5. Are you applying for

a. Need? _____

b. Incentive? _____

6. How much are you requesting? _____

7. Have you or will you be applying for scholarship money from other sources?

If yes, from whom and how much?

8. Have you applied, or received, a scholarship from Adath Israel in the past? ____

If yes, please give particulars _____

C. ADDITIONAL INFORMATION

Please give additional information that may assist the scholarship committee in the consideration of your application.

Please include a photocopy of your application to the program and send to synagogue office with this scholarship application to:

Adath Israel Congregation
Scholarship Committee
37 Southbourne Avenue
Downsview, Ontario M3H 1A4

The committee reserves the right to require additional information in order to process your application. Please note that any monies received must be used for the intended program. If circumstances are such that you do not attend the program, scholarship money must be returned.

Signature of applicant _____

FOR COMMITTEE USE ONLY

Date application received _____
Date of reveiw _____
Decision _____
Date contacted _____

- i) Letter sent
- ii) Phone call made

Signature Chair of Committee _____