

Congregation Beth Shalom
 ☆Modesto, CA☆
 www.CBSModesto.org

For internal use ONLY:

Member ID: _____

Membership Type: _____

Total Scholarship: \$ _____

Adjusted Scholarship: \$ _____

Date: _____

Scholarship Application for Jewish Camp, Study in Israel, Jewish Youth Program

Please write your last name on the top of each page.

Return this completed application to:
 Congregation Beth Shalom
 1705 Sherwood Ave
 Modesto, CA 95350

Applicant Information

Name of Applicant: _____

Home Address: _____

Home Phone: _____

Email Address: _____

Current School: _____ Grade: _____

Are you a ☐ New Applicant or a ☐ Renewal Applicant?

If you have received a scholarship from Congregation Beth Shalom in the past, please indicate what type(s) of scholarship(s) you received, the year(s) you received it, and the amount you received.

	Scholarship Type	Year	Amount
1			
2			
3			

☆☆

Scholarship Request is for: (check one)

- ☐ Camp
☐ Study in Israel
☐ Jewish Youth Program

Has the child participated in other organized "Jewish Experiences" in the past? Check all that apply.

- ☐ Religious School ☐ Hebrew School ☐ Youth Group
☐ Summer Camp ☐ Bar/Bat Mitzvah ☐ Other: _____

Information about the program you plan to attend:

Program Name _____

Program or Camp Website _____

Program Dates Attending _____

Tuition costs: _____ Room/Board costs: _____

Transportation costs: _____ Other fees: _____

Program Affiliation:

- ☐ Reform
☐ Conservative
☐ Orthodox
☐ Unaffiliated
☐ Other: _____
☐ Not applicable

Is the child already registered for the camp or program?

- ☐ Yes
☐ No

Have you applied for assistance from organizations other than CBS? See attached list for organizations that offer financial assistance. Please list the sources below to which you have applied, and amounts awarded to the winning applicant. Check the "Confirmed Award" box if this scholarship has been awarded to you already.

	Organization	Amount	Confirmed Award
1			<input type="checkbox"/>
2			<input type="checkbox"/>
3			<input type="checkbox"/>

How will expenses be funded? Please indicate amount for each funding source.

Parent/Family Contribution: _____

Program Scholarship: _____

CBS Scholarship: _____

Camper/Participant Contribution/Fundraising: _____

Other: _____

What is the total in all scholarship funds (including all categories from above) that the child requires to attend the summer camp or program:

\$ _____

Parent Information**Parent**

Name: _____

Name: _____

Address: _____

Address: _____

Email: _____

Email: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Occupation: _____

Occupation: _____

Number of dependent children: _____

Number of dependent children: _____

Number of dependent children
attending program/camp: _____Number of dependent children
attending program/camp: _____

Employer: _____

Employer: _____

Length of employment: _____

Length of employment: _____

List of ages of dependents and the schools they attend:

Dependent's Name	Age	School

Other financial obligations or hardships of a significant nature (please specify and indicate amount):

Do you expect your income for the coming year to be significantly different? Please explain.

Any other comments you would like the committee to know in making its decision:

Please explain specific reasons for this Scholarship Request. (This question must be answered in order for your application to be considered.) Please include (1) why you want to attend this program; (2) why you are deserving of the scholarship; (3) your current involvement in Jewish education, CBS and Jewish extracurricular activities and (4) what involvement you will have at CBS after returning from the program.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Thank you for applying. Make sure that you have all four pages of this application. Please submit this completed application to the address on Page 1.