



Scholarship Application

For Summer Camp & Israel Summer Program Sessions
Summer 2009

APPLICATION DEADLINE:

March 3, 2009

Scholarships are made available through

*United Jewish Federation of San Diego, Congregation Beth El and the
Congregation Beth El Sisterhood*

8660 Gilman Drive La Jolla, CA 92037

P 858.452.1734 F 858.452.5578

W www.congregationbethel.org

E shalom@congregationbethel.org

Summer Camp/Israel Scholarship Application

SCHOLARSHIP APPLICATION

Note: Part 1 of the application is to be completed by the parents/guardians of the camper. Please type or print clearly in ink and answer all of the questions to the best of your ability. Where the term "camper" is used, it also refers to participants in the Israel Summer Programs. All information on this form is treated in a confidential manner.

Part 1

Section A: Applicant and Camper Information

Camper Name: _____

Parent/Guardian's Name: _____

Address: _____

Daytime Phone: _____ FAX: _____

Evening Phone: _____ email: _____

Camper's Date of Birth: _____

Camper's School: _____ Grade: _____

Section B: Involvement (for information purposes only)

Does the camper attend Hebrew High, Jewish Day School or Religious School or Judaic Studies Classes? Yes No

If so, which one(s) and where? _____

Please list any Jewish youth activities in which the camper is involved:

Has the camper attended Jewish summer sleep-away camp previously? Yes No

If so, which one(s) and for how many years? _____

How did you hear about the Camp Scholarship Program (check all that apply)?

- Rabbi/Synagogue Friends Religious/Day School Instructor
 Jewish Newspaper Other (please explain) _____

Summer Camp/Israel Scholarship Application

Section C: Program Information

Name of Program: _____

Office Address: _____

City, State, Zip: _____

Phone Number: _____ FAX: _____

Cost of session (tuition only): _____ Dates of session: _____

Section D: Financial Information

Mother's/ Guardian's Occupation/Position: _____

Company/Employer: _____ Annual Gross Income: _____

Father's/Guardian's Occupation/Position: _____

Company/Employer: _____ Annual Gross Income: _____

Are you applying for a scholarship from the program? Yes No

Are you applying for any other scholarships? Yes No

Will relatives other than your parents assist with the cost of the program? Yes No

Please list the source of these scholarships:

1. _____

2. _____

3. _____

If you do not receive this scholarship, will the camper still be able to attend camp?

Please use the space below.

Summer Camp/Israel Scholarship Application

Part 2

This section is to be filled out by the camper. Please use the space provided.

1. Why do you want to go to attend this summer program?

2. How do you think your experience on this program will affect your growth as a Jew?

3. Will you be contributing any of your own money, which you earned or saved from gifts, to enable you to attend summer program?

Summer Camp/Israel Scholarship Application

**SYNAGOGUE-FEDERATION PARTNERSHIP CAMP SCHOLARSHIP
SCHOLARSHIP RECIPIENT AGREEMENT**
(To be completed by Youth/Parents)

It is understood and agreed that if I am dismissed early from my Summer program due to an infraction of the program rules, the full amount of the scholarship received will be repaid to the Synagogue and the UJF Camp Scholarship Fund. It is further understood and agreed that this is a non-negotiable provision of this agreement.

STUDENT (signature): _____

PARENT/GUARDIAN 1 (Print Full Name): _____

(Signature): _____

PARENT/GUARDIAN 2 (Print Full Name): _____

(Signature): _____

DATE: _____

Summer Camp/Israel Scholarship Application

Scholarship Attestation

I/ We are applying for a camp scholarship from Congregation Beth El Camp / Israel Programs Scholarships Program.

I/ We understand that this is a needs-based scholarship fund. I/ We are requesting financial assistance in sending my/our child/children to a Jewish Resident Summer Program.

The information provided in the application is true and correct to the best of my/ our knowledge.

It is understood and agreed that if the camper is dismissed early from the summer program due to an infraction of the program rules, the full amount of the scholarship received will be repaid to the Summer Program Scholarship Fund.

(Applicant (Parent/Guardian) Signature(s))

(Printed Name(s))

Date

Mail or return to Beth El office:

**Congregation Beth El
ATTN: Rabbi Avi Libman
8660 Gilman Drive
La Jolla, CA 92037**

858-452-1734

www.congregationbethel.org