

Scholarship Application 2009-2010/5770

Application must be fully completed or it will be returned.

Application for (Please Check One):

___ **Camp Charles Pearlstein (CCP)**

___ **URJ Affiliated Camp**

___ **Summer Israel Experience**

___ **NFTY Kallah/Convention**

___ **Other (Please provide name of program here):** _____

Youth Scholarships will be awarded solely on a need basis as determined by the Youth Scholarship Committee. **All applications are strictly confidential.** Parent/Guardian #1 will be the primary contact for questions/follow-up.

Student Information:

Student #1 Name: _____

CCP ONLY: Returning Camper (years): _____ Session Requested: _____

ALL OTHERS: Program Description: _____

Student #2 Name: _____

CCP ONLY: Returning Camper (years): _____ Session Requested: _____

ALL OTHERS: Program Description: _____

Synagogue Affiliation (please indicate if unaffiliated): _____

City and State: _____

For CCP Families Only: If you are not a member of Congregation Beth Israel, we will consider your request only after you have applied to your own synagogue and/or local Federation for assistance. If your synagogue/Federation is unable to provide funds, please provide a letter from them to that effect.

Parent/Guardian Information:

Parent/Guardian #1 Name: _____

Relationship to student/s: _____

Parent/Guardian #1 Home Address: _____

City, State, Zip: _____

Occupation: _____

Home Telephone Number: _____ Daytime Number: _____

E-Mail Address: _____

Does Parent #1 have sole financial responsibility for his/her child/ren? _____

Parent/Guardian #2 Name: _____

Relationship to student/s: _____

Home Address (if different than above): _____

City, State, Zip: _____

Occupation: _____

Home Telephone Number: _____ Daytime Number: _____

E-Mail Address: _____

Financial Information *(Please attach the first two pages of your tax return):*

Total gross annual family income: _____

Please list all sources of income: _____

For CCP Families Only: If you **are not** a member of Congregation Beth Israel we will consider your request only **after** you have applied to your own synagogue and/or local Federation for assistance. If your synagogue/Federation is unable to provide funds, please provide a letter from them to that effect.

To what other organization(s) have you applied for assistance? _____

Contact name(s) _____

Phone Number(s) _____ Notification Date(s) _____

Financial aid summary

You must complete every box

Total program tuition	\$
Less amount already paid	- \$
Less amount that relatives/friends (i.e., grandparents) will be able to contribute	- \$
Less additional amount that you are able to pay	- \$
Total amount of financial aid requested	= \$

Using an additional sheet, please describe in detail the reason for your scholarship request. Please assume that the people reading this form do not know you as you prepare your description. All information will remain strictly confidential.

Note for CCP Applicants only: Completed scholarship applications must be received by March 12, 2010. Notification regarding scholarship awards for CCP will be mailed by April 30, 2010. For all other programs, applications must be received at least 30 days prior to the commencement of each program.

Applicant's signature

Date

Please return completed application to:
Congregation Beth Israel • 10460 N. 56th St • Scottsdale, AZ 85253 • Attn: Youth Scholarship Committee
Phone: (480) 951-0323 • Fax: (480) 951-7150