

Wilshire Boulevard Temple Scholarship Form

Participant Information:

Name: _____ Returning Camper (years): _____

Temple: _____

City and State: _____

Parent/Guardian Information:

Parent/Guardian #1 Name: _____

Parent/Guardian #1 Home Address: _____

City, State, Zip: _____

Employer: _____

Work Address: _____

City, State, Zip: _____

Home Telephone Number: _____ Work Number: _____

E-Mail: _____ Relationship: _____

Are you a single parent with sole financial responsibility for your child? _____

Parent/Guardian #2 Name: _____

Home Address: _____

City, State, Zip: _____

Employer: _____

Work Address: _____

City, State, Zip: _____

Home Telephone: _____ Work Number: _____

E-Mail Address: _____ Relationship: _____

(OVER)

The committee can most favorably consider an application that is clear and complete. Please write a paragraph with as much additional information as possible to provide a complete picture of your family's finances and needs.

NFTY in Israel Fees: _____

Amount received from The Mark and Peachy Levy Fun: _____

Amount received from The Jewish Federation Israel Connections/Experiences: _____

Amount received from NFTY in Israel: _____

Amount received from your Synagogue: _____

Scholarship Amount Requested from Wilshire Boulevard Temple: _____
(Specific Dollar Amount Required for consideration)

Parent/ Guardian #1 Signature: _____

Parent/ Guardian #2 Signature: _____

Date: _____