



Wilshire Boulevard Temple NFTY Israel Scholarship Form

Form Due by February 15th

WILSHIRE BOULEVARD
TEMPLE CAMPS
MALIBU, CALIFORNIA

We anticipate sending decision notifications by March 15th.

Parent/Guardian Information:

Parent/Guardian #1 Name: _____

Parent/Guardian #1 Home Address: _____

City, State, Zip: _____

Employer: _____

Work Address: _____

City, State, Zip: _____

Home Phone: _____ **Work Phone:** _____

E-Mail: _____ **Relationship:** _____

Parent/Guardian #2 Name: _____

Home Address: _____

City, State, Zip: _____

Employer: _____

Work Address: _____

City, State, Zip: _____

Home Phone: _____ **Work Phone:** _____

E-Mail: _____ **Relationship:** _____

Parent/ Guardian #1 Signature: _____

Parent/ Guardian #2 Signature: _____

Participant Information:

Name: _____

Temple: _____ **Returning Camper (years):** _____

City and State: _____

Are you a single parent with sole financial responsibility for your child? (Y/N) _____

Please use this section to broadly describe the reason for your request for scholarship funds. While we redact identifying information, the committee will see specific financial information; therefore we ask that you use this section to put your financial situation in a general context that relates to your request for assistance.

Israel Program: _____

Program Fees: _____

Additional Fees: (domestic air, spending cash, etc.): _____

Amount of funding received from any outside organizations: _____

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

Date Submitted: _____

PLEASE INCLUDE YOUR MOST RECENT TAX RETURN(S)