**JEWISH FEDERATION OF CENTRAL MA SCHOLARSHIP FORM**

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| --- | --- |
| **Participant’s Name**  |  |
| **Date of Birth** |  |
| **Grade as of Sept ’22 (if applicable)** |  |
| **Father’s Name** |  |
| **Mother’s Name** |  |
| **Address** |  |
| **City & Zip** |  |
| **Home Phone** |  |
| **Business Phone (Father)** |  |
| **Business Phone (Mother)** |  |
| **Parent Email / Participant email** |  |
| **Name of Program Attending** |  |
| **Dates Attending** |  |
| **Cost of Program?** |  |
| **Website of Program?** |  |
| **Are you or have you applied for scholarships elsewhere? If so, where?** |  |
| **Have you received notification that you will receive a scholarship?****If so, for how much?** |  |

*Please complete in full and return to JFCM via email:* *LThurlow@jfcm.org**, Fax 508-798-0962 or mail:*

*JFCM, 633 Salisbury Street, Worcester, MA 01609*

*Any questions, please call 508-756-1543.*