

# JEWISH FEDERATION OF CENTRAL MA SCHOLARSHIP FORM

<b>Participant's Name</b>	
<b>Date of Birth</b>	
<b>Grade as of Sept '26 (if applicable)</b>	
<b>Father's Name</b>	
<b>Mother's Name</b>	
<b>Address</b>	
<b>City &amp; Zip</b>	
<b>Home Phone</b>	
<b>Business Phone (Father)</b>	
<b>Business Phone (Mother)</b>	
<b>Parent Email / Participant email</b>	
<b>Name of Program Attending</b>	
<b>Dates Attending</b>	
<b>Cost of Program?</b>	
<b>Website of Program?</b>	
<b>Are you or have you applied for scholarships elsewhere? If so, where?</b>	
<b>Have you received notification that you will receive a scholarship? If so, for how much?</b>	

*Please complete in full and return to JFCM via email:  
[LThurlow@jfcma.org](mailto:LThurlow@jfcma.org), or mail: JFCM, 646 Salisbury Street,  
Worcester, MA 01609  
Any questions, please call 508-756-1543.*

