



## Jewish Overnight Camp and Israel Experience Scholarship Application

The deadline for applications is Monday, March 18, 2019

Name of Camper: \_\_\_\_\_

Name of Parent: \_\_\_\_\_

Address: \_\_\_\_\_

County: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Camper's Birthdate: \_\_\_\_\_ Grade in School Fall 2019: \_\_\_\_\_

Name of Overnight Jewish Camp/Israel Program: \_\_\_\_\_

Name of Camp Contact Person: \_\_\_\_\_

Camp Address: \_\_\_\_\_

Camp Phone Number: \_\_\_\_\_

Camp Email: \_\_\_\_\_

Camp Web Address: \_\_\_\_\_

How many days will your child be attending the Jewish camp/Israel program?

7-14     15-28     29-42     43-56

Has your child attended Jewish overnight camp or an organized youth trip to Israel in the past?  Yes  No

If yes, what camp/program did they attend? \_\_\_\_\_

How did you hear about this scholarship? \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_