



The David and Susan Samrick Youth Scholarship Fund Application

Please submit separate applications for each child.

All applications will be held in the strictest of confidence by the Scholarship Committee.

Date: _____

GENERAL INFORMATION:

1. Applicant's Name: _____ Male / Female
 First Middle Last

2. Home Address: _____
 Street Address City/State Zip Code

3. Phone Number(s): _____

4. Family and/or Applicant's Email Address: _____

5. Applicant's Birth Date: _____

6. Name of Parent(s) or Guardian(s): _____

7. Parent/Guardian's Address: _____
 (if different from applicant)

8. Parent/Guardian's Marital Status: Single_____ Married_____ Divorced_____ Widowed_____

9. Parent/Guardian's Employer(s):

 Name Address Phone

 Name Address Phone

10. Applicant's Siblings: _____

Name Age Name Age

Name Age Name Age Name Age

11. Has the applicant or a sibling received a scholarship in recent years? Yes / No

If yes, who received the scholarship and when? _____

12. Congregational Affiliation (if any): _____

Name Duration

13. Please describe the applicant and/or family's involvement in the Jewish Community: (including attendance to community programs, volunteerism, progress toward Bar/Bat Mitzvah, monetary donations to local Jewish organizations, etc.)

14. Additional information pertaining to the applicant that should be brought to the attention of the Scholarship Committee

CAMP / PROGRAM INFORMATION:

15. Program's Name: _____

16. Program's Mailing Address: _____

Street Address City/State Zip Code

17. Sponsoring Organization or Branch of Judaism: _____

18. Please describe the camp/program and/or include a brochure of the program with this application.

19. Dates of Program: _____

20. In the applicant's own words (parents may write for young applicants), why does he/she want to attend this particular program?

FINANCIAL INFORMATION:

21. Annual Household Income Range:

\$0-\$25,000 _____ \$25,001-\$50,000 _____ \$50,001-\$75,000 _____ \$75,001-\$100,000 _____
\$100,000+ _____

22. Number of Individuals Living in the Household: _____

23. Additional financial conditions that should be brought to the attention of the Scholarship Committee:

24. Cost of the Camp/Program: _____

25. Is the applicant applying for, or receiving, additional financial support to attend the program?

Yes / No

If yes, from whom and what amount? _____

26. Scholarship Amount Requested: _____

Submit your completed application to:

Jewish Federation of Grand Rapids

2727 Michigan NE

Grand Rapids, MI 49506