

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: _____

*Please return to: Jewish Federation of Grand Rapids
2727 Michigan NE
Grand Rapids, MI 49506*

*FAX: 616-942-5780 Or email back to ann@jfgr.org
NO LATER THAN MARCH 15th*