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**Dr. Alfred and Lisl Schick Family Scholarship Award**

2021 Application

This is a universal application to request support for Jewish overnightsummer camp and Israel experience programming for children and teens. It incorporates all factors considered for all scholarships offered by the Federation for summer experiences. **Only completed applications will be considered for funding.** Please be attentive to deadlines: this application and supporting materials are due by 11:59 pm on Monday,

February 15, 2021.

**I. Eligibility**

A. Both need-based and merit-based requests will be considered.

B. Elementary, middle, and high school age children must live in Pinellas, Pasco or Hernando Counties. Parents of college-aged students must live in Pinellas, Pasco or Hernando Counties.

C. Applicant’s parents must make a meaningful contribution to the most recent Federation Annual Campaign.

D. Parent(s), on behalf of their child, may apply for a scholarship to a recognized Jewish overnight summer camp, or any other Jewish experience camp or Israel summer program sponsored by any local, national or international Jewish youth organizations that are recognized and approved by the Jewish Federation of Florida’s Gulf Coast.

E. Parent(s) or child must volunteer at least one of the Federation’s events.

**II. All items listed within the application MUST accompany the application for the application to be considered complete.**

**III. Deadline: Monday, February 15, 2021**

**IV. Awarding of Scholarships**

A. Funds for these scholarships have been made possible by the Jewish Federation of Florida’s Gulf Coast.

B. The determination as to the amount of money awarded will be done on an individual basis.

C. In the event that the scholarship is awarded and the child does not participate in the program, the award is to be returned to the Federation immediately.

Completed application packages should be returned to:

**The Jewish Federation of Florida’s Gulf Coast**

**13191 Starkey Road**

**Suite 8**

**Largo, FL 33773**

**You may also scan and e-mail to:** [**dmorin@jewishgulfcoast.org**](mailto:dmorin@jewishgulfcoast.org)

**Dr. Alfred and Lisl Schick Family Scholarship Award**

1. Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Address of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Applicant lives with: Both Parents \_\_\_\_ One Parent \_\_\_ Guardian \_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Applicant’s Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_

5. Current school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Did applicant attend Hebrew school? \_\_\_\_\_\_\_\_\_\_\_ Sunday school: \_\_\_\_\_\_\_\_\_\_\_\_\_ Day School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hebrew High School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Confirmation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Years attending religious school: \_\_\_\_\_\_-\_\_\_\_\_\_ Name of religious school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Parent/Guardian Information:

Father/Stepfather’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (if different from the above): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_ Business Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell phone ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother/Stepmother’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Home Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_ Business Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell phone ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Has applicant previously participated in an approved Israel summer program, a year-long study program in Israel, a domestic Jewish summer camp program or any other Jewish/Israel educational experience program?

YES: \_\_\_\_ WHEN: \_\_\_\_\_\_\_\_\_\_ PROGRAM(S):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

YES: \_\_\_\_ WHEN: \_\_\_\_\_\_\_\_\_\_ PROGRAM(S):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

YES: \_\_\_\_ WHEN: \_\_\_\_\_\_\_\_\_\_\_ PROGRAM(S):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NO: \_\_\_\_\_

9. Extra-curricular activities (Jewish and secular) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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10. Jewish Program Requiring Scholarship

Name of program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start Date of program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Application deadline for program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. Cost of program: $\_\_\_\_\_\_\_\_\_\_\_ Deposit required: $\_\_\_\_\_\_\_\_\_\_\_\_ Deposit paid? \_\_\_\_\_\_\_\_\_\_

Final payment deadline \_\_\_\_\_\_\_\_\_\_\_\_\_

12. Parents will contribute: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ toward the cost of the program.

Household income, 2019 tax year: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please note, we may request tax returns.)

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13. What extenuating circumstances should be considered when processing this application?

(Loss of income, family dynamic, health issues, etc.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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14. Leadership positions held (Jewish/secular):

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15. Essay: **“What I Hope to Learn During My Summer 2021 Experience”**

(To be completed by the prospective camp attendee. Attach separate page(s). 500 words maximum).

16. Two (2) personal reference letters (excluding family). Include their letters with this application.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

17. To date, I have applied for or have received the following scholarships for this program: None: \_\_\_\_\_\_

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AMT.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AMT.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AMT.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

18. How did you learn of this scholarship program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

19. I/we agree to all terms and conditions of this scholarship and affirm that the information provided is accurate. I/We also understand that verification of income and expenses may be required.

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_