



TEMPLE
EMANUEL

Application for Scholarship Funding

Applicant's Name: _____

Applicant's Parents/Guardians Name: _____

Street Address: _____

City, State Zip: _____

Phone: _____

Cell Phone: _____

Email Address: _____

___ I am a member of Temple Emanuel

I am applying for a scholarship for (check one):

___ Jewish Camp ___ Summer Program ___ Trip to Israel ___ Prozdor

Name of program: _____

Total Cost of program: _____

Scholarships received/pending: _____

Keeping in mind that the funds available for scholarships are very limited, please affirm that are in need of assistance and indicate any special circumstances that will help us evaluate your request.

Application Essay

Essay: Each application is to be supported by an essay not to exceed 250 words. In their essay(s), applicants will have the opportunity to elaborate on their interest in the program.

Printed name of applicant: _____

Signature: _____ **Date:** ___/___/___

Please return this application and all attachments to: Jill Matusow, Director of Finance, Temple Emanuel, 385 Ward Street, Newton Centre, MA 02459.

Feel free to contact Jill at 617-558-8112 with any questions.