

**SUMMER CAMP SCHOLARSHIP REQUEST**

Fill out and return to the Temple Israel Office by **February 15, 2012.**

Consideration will be given to applicants who agree to the following requirements.

- Requirements:**
1. Each student should be a participant in a Jewish Educational Program.
  2. Each student must be a member of Temple Israel.
  3. Recipients shall be required to share their experiences through a project approved by Eldot Committee members.

Please consider my child for a Summer Campship!

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

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

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

Name of Jewish Educational Program \_\_\_\_\_

Camp Name: \_\_\_\_\_

Program: \_\_\_\_\_

(See attached for suggestions as to what your anticipated final project will be)

Session Dates: \_\_\_\_\_

Cost of Session: \_\_\_\_\_

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

**IF I DO NOT COMPLETE THE REQUIREMENTS STATED ABOVE, I AGREE TO RETURN ALL FUNDS RECEIVED.**

Parents Signature: \_\_\_\_\_

(You have agreed that your child will fulfill the above requirements.)