

**TEMPLE ISRAEL  
BROTHERHOOD/SISTERHOOD  
CAMP SCHOLARSHIP GUIDELINES**

The purpose of Temple Israel camp scholarship grants is to enable Temple Israel's families to send their children to Jewish experience camps.

The following guidelines apply to all camp scholarships requested from Sisterhood and Brotherhood. These requests shall be submitted to the Temple Israel Sisterhood Vice President, Religious Living.

1. Parent(s) of the applicant shall be members in good standing of Temple Israel. If not, please contact Temple Israel's Executive Director to make necessary arrangements.
2. Priority may be given to 1<sup>st</sup> time applicants.
3. Grants will be awarded at the discretion of the Scholarship Committee with priority consideration to be given to students in financial need, upon recommendation of the Rabbi, Youth Director, Youth Committee Chair, Sisterhood and Brotherhood Boards.
4. GIVE-TY funds may be used for registration fees only and payments will be made directly to the camp.
5. Each applicant must complete an application for each request.
6. All applications are treated as confidential documents.
7. Applications for summer camp are due by March 1st. They should be mailed to: Temple Israel Sisterhood Vice President Religious Living, c/o Temple Israel, 5419 E. Broad St., Columbus, OH 43213.

APPLICANT SIGNATURE: \_\_\_\_\_

TEMPLE ISRAEL BROTHERHOOD/SISTERHOOD  
Camp Scholarship Application

Please answer all questions. Scholarships will be awarded on the basis of several criteria, including: need, youth participation and the number of scholarships requested. **Application due date: March 1st.** Notification of camperships will be made after March 15<sup>th</sup>.

The following questions are to be answered by a parent:

Name of Student \_\_\_\_\_ Age \_\_\_\_\_

Name of Parent(s) \_\_\_\_\_

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

(please indicate with which parent the child resides)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Grade in School \_\_\_\_\_

**FOR OFFICE USE ONLY**

Youth Program \_\_\_\_\_ Total Cost \_\_\_\_\_

Camp \_\_\_\_\_ Amount Requested \_\_\_\_\_

Israel \_\_\_\_\_ Amount Approved \_\_\_\_\_

Other \_\_\_\_\_ Fund \_\_\_\_\_

Signed: \_\_\_\_\_ Signed: \_\_\_\_\_

(Rabbi)

(Administrator)

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

**CAMP SCHOLARSHIP FOR:**

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

Other \_\_\_\_\_

Basic Cost of Program \$ \_\_\_\_\_ Amount of Camp Scholarship Request\* \$ \_\_\_\_\_

(\*Must be completed or application cannot be considered.)



Has the child attended this type of program before? (If yes, please give name and date of program.) \_\_\_\_\_

\_\_\_\_\_

Has the child received a camp scholarship from Temple Israel before this request? (If yes, please explain.) \_\_\_\_\_

Is the child applying for other scholarships for this program? (If yes, please explain.)

Has the child participated in Temple youth programs? (If yes, please explain.)

Please detail any financial circumstances that may be applicable to your request.

**The following question is to be answered by the child:**

Why do you want to participate in this program?

*Please return this form to:  
Temple Israel Sisterhood Vice President, Religious Living  
Tempe Israel, 5419 E. Broad Street, Columbus, OH 43213  
deadline: March 1st*