

TEMPLE ISRAEL

Loeb Family Campership Guidelines

The purpose of Temple Israel Loeb Family campership grants is to enable the selected student to attend a Jewish residential youth camp.

The following guidelines apply to all Loeb campership grants.

1. Parent(s) of the applicant shall be members in good standing of Temple Israel.
2. Priority may be given to 1st time applicants.
3. Grants will be awarded at the discretion of the Loeb Scholarship Committee with priority consideration to be given to students in financial need, upon recommendation of the Rabbi, Youth Director, and Youth Committee Chair.
4. Funds may be used for camp tuition 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 should be submitted by March 1 to: Loeb Campership Fund, c/o Temple Israel, 5419 E. Broad St., Columbus, OH 43213.

APPLICANT SIGNATURE: _____

TEMPLE ISRAEL
LOEB FAMILY CAMPERSHIP FUND
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 15th.

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 _____

Youth Program _____ Total Cost of Program _____

(or) Camp _____ Amount Requested _____



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 Loeb Family Campership Fund
Tempe Israel, 5419 E. Broad Street, Columbus, OH 43213
deadline: March 1st*

FOR OFFICE USE ONLY

Program _____

Other _____

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

Amount Granted _____