| Date: | |
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APPLICATION FOR TEMPLE EMANU-EL YOUTH SCHOLARSHIP AWARDS for ISRAEL

ABOUT THE AWARD: The Figtree Scholarship Fund of our Grafman Endowment Fund provides funding up to \$1,500 for travel or extended study in Israel for any student who have completed Confirmation studies at Temple Emanu-El.

| Name of Applicant: | | | |
|---|--|-------------|--|
| Address: | Daytim | ne Phone: | |
| City, State, Zip: | | | |
| Email: | Date | of Birth: | |
| Secular School: | Gra | de or Year: | |
| Parents' Names: | | | |
| Jewish Background – indicate participat | ion in the following: | | |
| Bar or Bat Mitzvah | | Date | |
| Confirmation at Temple Emanu | Confirmation at Temple Emanu-El (required) | | |
| 2 Community Youth Group | | Year(s) | |
| Religious School and/or Hebrew School Assistant | | Year(s) | |
| Religious School and/or Hebrew School Teacher | | Year(s) | |
| Jewish Summer Camp Where | | Year(s) | |
| ② Other | | | |
| Organization to which this award/grant | is to be mailed: | | |
| Contact Name (if applicable): | | | |
| Organization Name: | | | |
| Address: | | | |
| Dhana | | | |
| Phone: | () | | |
| Date(s) of the experience: | | | |
| Total cost of the experience: | \$ | | |
| Amount of funding requested: | \$ | | |

| Page Two | | | |
|--|--|--|--|
| Please describe (include the name of the program and sponsoring agency if applicable): | | | |
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| Please share the reasons you wish to have this experience: | | | |
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Please return completed application to:

Grafman Endowment Fund for Temple Emanu-El
2100 Highland Avenue South, Birmingham, AL 35205 * endowment@ourtemple.org
For any questions, please contact the Endowment Executive Director, Jann Blitz at (205)397-0814.