

**APPLICATION FOR TEMPLE EMANU-EL
2021 FINANCIAL ASSISTANCE ☆ YOUTH SCHOLARSHIPS**

PURPOSE: The purpose of the *Financial Assistance Scholarships* provided by our Temple's Grafman Endowment Fund, Sisterhood and Brotherhood are to enable all children of Temple Emanu-El congregants, who wish to do so, to be able to participate in Jewish experiences away from Temple Emanu-El.

GUIDELINES: Please provide the requested information so that the Scholarship Committee can understand your financial limitations or concerns. The deadline for applications is February 1, 2021. *All information will be held in complete confidence.*

Applicant/Child's Name: _____ Date of Birth: _____

Address: _____

City, State, Zip: _____

Email: _____ Daytime Phone: _____

Current Grade: _____ Name of Secular School _____

Parents' Names: _____

Jewish Background – indicate participation in the following:

- | | | |
|--------------------------|---|---------------|
| <input type="checkbox"/> | Bar or Bat Mitzvah | Date _____ |
| <input type="checkbox"/> | Confirmation | Date _____ |
| <input type="checkbox"/> | Community Youth Group | Year(s) _____ |
| <input type="checkbox"/> | Religious School and/or Hebrew School Assistant | Year(s) _____ |
| <input type="checkbox"/> | Religious School and/or Hebrew School Teacher | Year(s) _____ |
| <input type="checkbox"/> | Jewish Summer Camp Where _____ | Year(s) _____ |
| <input type="checkbox"/> | Other _____ | _____ |

Indicate the experience for which the scholarship will be used, and describe in more detail in the space that follows on Page 2:

- Attendance at a Jewish summer camp
- Attendance at a Jewish school, retreat or organizational meeting
- Attendance at intergroup / intercultural activities
- Travel or extended study in Israel
- Other _____

Approximate Date(s) of the experience: _____

Total Cost of Experience: \$ _____

Amount of Assistance requested: \$ _____

Organization to which this award/grant is to be mailed:

Contact Name (if applicable): _____

Organization Name: _____

Address: _____

Phone: (____) _____

Student, please answer the following question:

Please share the reasons you wish to have this experience:

FAMILY INFORMATION

With whom does the child reside: _____

Name of parent or guardian #1: _____

Home Address: _____

Home Phone: _____ Mobile Phone: _____

Occupation: _____ Employer: _____

Marital Status: Single; Married; Widowed; Separated; Divorced

Temple Emanu-El congregant: Yes; No

Name of parent or guardian #2: _____

Home Address (if different from above): _____

Home Phone: _____ Mobile Phone: _____

Occupation: _____ Employer: _____

Marital Status: Single; Married; Widowed; Separated; Divorced

Temple Emanu-El congregant: Yes; No

Please share and explain the circumstances that affect your ability to pay the expenses associated with your child participating in this experience:

Please feel free to provide any additional information you believe would help us more completely understand your circumstances:

Signature Parent/Guardian #1

Signature Parent/Guardian #2

Date

Date

Please return completed application to: Youth Scholarship Committee
2100 Highland Avenue South, Birmingham, AL 35205 * endowment@ourtemple.org
For any questions, please contact our Youth & Education Director, Lynda Gutcheon at (205)933-8037, ext 232.