DEADLINE for Scholarship Review: ***February 1, 2027*** Date: _____

APPLICATION FOR TEMPLE EMANU-EL / GRAFMAN ENDOWMENT FUND FINANCIAL ASSISTANCE ✡ YOUTH SCHOLARSHIPS

PURPOSE: The purpose of the *Financial Assistance Scholarships* provided by our Temple's Grafman Endowment Fund, Sisterhood and Brotherhood, is to help enable Temple Emanu-El youth to have the opportunity to participate in Jewish experiences.

GUIDELINES: Please provide the requested information so that the Scholarship Committee can understand your financial situation or concerns.

The deadline for applications is February 1, 2027. 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:

☐	Bar or Bat Mitzvah	Date _____
☐	Confirmation	Date _____
☐	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) _____
☐	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

FINANCIAL INFORMATION

All financial information will be held in strictest confidence.

Who is financially responsible for the child: _____

Has the above mentioned applied for to receive financial assistance for our Temple's Annual Financial Commitment/Dues or for Religious School within the past 2 years? ☐ Yes ☐ No

If no, please answer the following questions:

How many people are they responsible for (including themselves): _____

Do they rent or own: _____

What is the responsible party/parties' family gross annual income: _____

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

Return completed application by February 1st to:

Youth Scholarship Committee, Attn: Endowment Office

2100 Highland Avenue South, Birmingham, AL 35205 or endowment@ourtemple.org

For any questions, please contact our Endowment Office at 205.933.8397.