

Congregation Beth Shalom  
✧Modesto, CA✧  
www.CBSModesto.org

**For internal use ONLY:**

Member ID: \_\_\_\_\_  
Membership Type: \_\_\_\_\_  
Total Scholarship: \$ \_\_\_\_\_  
Adjusted Scholarship: \$ \_\_\_\_\_  
Date: \_\_\_\_\_

**Scholarship Application for Jewish Camp, Study in Israel, Jewish Youth Program**

Please write your last name on the top of each page.

Return this completed application to:  
Congregation Beth Shalom  
1705 Sherwood Ave  
Modesto, CA 95350

**Applicant Information**

Name of Applicant: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

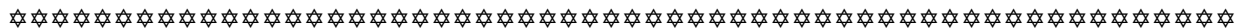
Email Address: \_\_\_\_\_

Current School: \_\_\_\_\_ Grade: \_\_\_\_\_

Are you a  New Applicant or a  Renewal Applicant?

If you have received a scholarship from Congregation Beth Shalom in the past, please indicate what type(s) of scholarship(s) you received, the year(s) you received it, and the amount you received.

	Scholarship Type	Year	Amount
1			
2			
3			



**Scholarship Request is for: (check one)**

- Camp
- Study in Israel
- Jewish Youth Program

Has the child participated in other organized "Jewish Experiences" in the past? Check all that apply.

- Religious School
- Summer Camp
- Hebrew School
- Bar/Bat Mitzvah
- Youth Group
- Other: \_\_\_\_\_

**Information about the program you plan to attend:**

Program Name \_\_\_\_\_

Program or Camp Website \_\_\_\_\_

Program Dates Attending \_\_\_\_\_

Tuition costs: \_\_\_\_\_ Room/Board costs: \_\_\_\_\_

Transportation costs: \_\_\_\_\_ Other fees: \_\_\_\_\_

## Program Affiliation:

- Reform  
 Conservative  
 Orthodox  
 Unaffiliated  
 Other: \_\_\_\_\_  
 Not applicable

Is the child already registered for the camp or program?

- Yes  
 No

Have you applied for assistance from organizations other than CBS? See attached list for organizations that offer financial assistance. Please list the sources below to which you have applied, and amounts awarded to the winning applicant. Check the "Confirmed Award" box if this scholarship has been awarded to you already.

	Organization	Amount	Confirmed Award
1			<input type="checkbox"/>
2			<input type="checkbox"/>
3			<input type="checkbox"/>

**How will expenses be funded? Please indicate amount for each funding source.**

Parent/Family Contribution: \_\_\_\_\_

Program Scholarship: \_\_\_\_\_

CBS Scholarship: \_\_\_\_\_

Camper/Participant Contribution/Fundraising: \_\_\_\_\_

Other: \_\_\_\_\_

What is the total in all scholarship funds (including all categories from above) that the child requires to attend the summer camp or program:

\$ \_\_\_\_\_

**Parent Information****Parent**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Number of dependent children: \_\_\_\_\_

Number of dependent children: \_\_\_\_\_

Number of dependent children  
attending program/camp: \_\_\_\_\_Number of dependent children  
attending program/camp: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Length of employment: \_\_\_\_\_

Length of employment: \_\_\_\_\_

List of ages of dependents and the schools they attend:

Dependent's Name	Age	School

Other financial obligations or hardships of a significant nature (please specify and indicate amount):

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Do you expect your income for the coming year to be significantly different? Please explain.

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Any other comments you would like the committee to know in making its decision:

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