



Beth Jacob Congregation

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Beth Jacob Congregation Camp Scholarship Application

*Incorporating Gifts From The Levinsohn Camp Scholarship Fund,
The Ron Heiligman (z"l) Memorial Camp Scholarship Fund, and The Zelda Johnson Camp
Scholarship Fund*

Date: _____

Name: _____

Date of Birth: _____

Address: _____

Phone: _____

Public or Day School Grade: _____

Talmud Torah Grade: _____

Scholarship Possibilities: [] Camp Ramah [] Herzl Camp [] Ramah Program in Israel

Other: _____

Length of program for which you are requesting a scholarship: [] 2–3 weeks [] 3–8 weeks

Have you received a scholarship or grant from another source this year? [] Yes [] No

If yes, from what source? _____

Student's signature: _____

Parent's signature: _____

Policies And Regulations

The following policies and regulations have been established to allow us to distribute scholarship monies equitably among qualified students.

1. Scholarships are based on need and regular participation in Beth Jacob programming.
2. Scholarships may be received from other sources. However, priority will be given to those individuals who are not recipients of other aid.
3. Scholarships are available for any overnight camp session of a minimum of two weeks.
4. Applicants attending formal Jewish educational programs (either Afternoon School or Day School) receive first priority; other students will be considered as circumstances warrant. Students are expected to continue their formal Jewish studies and involvement in Beth Jacob or forfeit their scholarships.
5. Priority will be given to families with Regular membership status.

For Office Use Only

Amount of scholarship awarded: \$ _____

Beth Jacob Congregation Camp Scholarship Agreement

We hereby accept the camp scholarship from the combined resources of the Levinsohn Camp Scholarship Fund, the Ron Heiligman (z"l) Memorial Camp Scholarship Fund, the Zelda Johnson Camp Scholarship Fund, and the Rabbi's Discretionary Fund. We also agree to abide by the stipulation that scholarship recipients are expected to continue their formal Jewish studies and involvement in Beth Jacob or forfeit their scholarships.

Signed by Parent or Guardian: _____

Address: _____

Date: _____