

# CONGREGATION BETH ISRAEL JEWISH SUMMER CAMP SCHOLARSHIP APPLICATION 2020

**PLEASE TYPE OR PRINT.** Answer all questions completely. Any form that is returned to us incomplete will be sent back to you. All information will be treated with the strictest confidentiality. If you have questions about completing this application, call 713-771-6221 \*312. **Please submit this application by April 24, 2020:**

Congregation Beth Israel, Miriam Browning Jewish Learning Center  
Attn: Kerri Zerlin  
5600 N. Braeswood  
Houston, TX 77096

**FINAL DEADLINE FOR SUBMISSION: APRIL 24, 2020**

**PLEASE TYPE OR PRINT IN INK.**

## I. STUDENT INFORMATION

Student's name (first) \_\_\_\_\_ (last) \_\_\_\_\_

Age \_\_\_\_\_  Male  Female Birthdate \_\_\_\_\_

Grade as of Fall, 2020 \_\_\_\_\_  Public School or  Private School

Name of School \_\_\_\_\_

Applying for scholarship to \_\_\_\_\_

## II. PARENT/GUARDIAN INFORMATION

Parent/Guardian 1: <input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Partner Child lives with parent _____ % of the time Religious Affiliation: <input type="checkbox"/> Jewish <input type="checkbox"/> Other _____ Congregation name _____ Parent's name _____ Address _____ City, State, Zip _____ Home Phone _____ Email _____ Employer _____ Title/Position _____ Years with employer _____ Work phone _____ Cell phone _____ If unemployed, date unemployed _____	Parent/Guardian 2: <input type="checkbox"/> Father <input type="checkbox"/> Stepfather <input type="checkbox"/> Guardian <input type="checkbox"/> Partner Child lives with parent _____ % of the time Religious affiliation: <input type="checkbox"/> Jewish <input type="checkbox"/> Other _____ Congregation name _____ Parent's name _____ Address _____ City, State, Zip _____ Home phone _____ Email _____ Employer _____ Title/position _____ Years with employer _____ Work phone _____ Cell phone _____ If unemployed, date unemployed _____
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## III. FAMILY INFORMATION

A. **Parent/Guardians' Marital Status:**  Married  Widowed  Divorced

Both deceased     Single     Separated

Remarried (as of what date? \_\_\_\_\_)

**If divorced, single, or separated, complete the following:**

- (1) Date of  divorce or  separation: (month and year) \_\_\_\_\_
- (2) Custodial parent:  Parent 1     Parent 2     Joint custody

**V. PARENTS' FINANCIAL INFORMATION (Please provide ALL information requested.)**

1. Has your family received financial assistance for camp or trips in previous years?
  
  
  
  
  
  
  
  
  
  
2. Special Circumstances. Please explain why financial aid is needed by giving us any additional information that would be helpful for us to know. This might include unusual expenses you had in the past year or expect next year, significant changes in income in recent years or expected next year, illness, housing or employment difficulties, debts, support of aged relatives, etc.
  
  
  
  
  
  
  
  
  
  
3. **Note: You must be a member in good standing with MBJLC tuition, fees and fair share dues up to date for the 2019-2020 fiscal year in order to be eligible for a scholarship.** If for ANY reason your membership at Congregation Beth Israel is not in good standing, please explain your circumstances.

**IV. COST/FUNDING INFORMATION**

**COSTS**

Total Tuition \$ \_\_\_\_\_

**COSTS and FUNDING MUST balance.  
Parent contribution and Congregation  
request MUST be stated.**

**FUNDING**

**Parent contribution** \$ \_\_\_\_\_

Congregation Request \$ \_\_\_\_\_

Other income/contributions \$ \_\_\_\_\_

TOTAL: \$ \_\_\_\_\_

**We have reviewed this application and affirm that the information given is complete and correct.**

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date