

**CONGREGATION BETH ISRAEL
JEWISH SUMMER CAMP
SCHOLARSHIP APPLICATION 2021**

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 23, 2021 to Kerri Zerlin, Youth Coordinator at kzerlin@beth-israel.org or mail to:

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

FINAL DEADLINE FOR SUBMISSION: APRIL 23, 2021

PLEASE TYPE OR PRINT IN INK.

I. STUDENT INFORMATION

Student's name (first) _____ (last) _____
 Age _____ Male Female Birthdate _____
 Grade as of Fall 2021 _____ Public School or Private School
 Name of School _____
 Applying for scholarship to _____

II. PARENT/GUARDIAN INFORMATION

<p>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 _____</p>	<p>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 _____</p>
---	---

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 2020-2021 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