

# BZ & Federation YOUTH SCHOLARSHIP APPLICATION

B'nai Zion and the North Louisiana Jewish Federation support our youth and are committed to ensuring that they attend Jewish supplemental programs (such as summer camps, conclaves, Israel trips, etc.). No child should ever miss an opportunity to participate in a Jewish experience due to lack of funds.

## Child Information

*Please complete a separate Scholarship Application Form for each child applying. However, if the Parent / Guardian Information is the same for children beyond the first, only the Child Information needs to be completed for additional children.*

Child Name			
Date of Birth (Month Day Year)		Entering Grade (after summer)	
Jewish Camp or Program Your Child Wishes to Attend		Dates of Jewish Program Child Wishes to Attend	
Jewish Programs (and Specific Years) Your Child has Previously Attended		Has your child received our scholarship before?	
Full cost of program Child Wishes to Attend:		<input type="checkbox"/> Early Bird Discount Subtracted	Amount family will pay: \$
Other Sources of Scholarship Your Family has Applied For (incl Amounts)		JCRS (by 2/15) \$ _____ Jacobs Camp (by 4/1) \$ _____ Other _____ \$ _____	<b>Total amount of Scholarship Your Family Is Requesting from BZ &amp; NLJFed</b> (the organizations will determine how much each will give) \$
Child would like to show appreciation for the scholarship by volunteering, and offers to:			

## Parent / Guardian Information

*Complete information for parents / guardians of child applying for scholarship. If applying for more than one child, and the Parent Guardian Information is the same for children beyond the first, only the Child Information needs to be completed for additional children.*

	ADULT 1	ADULT 2
	<input type="checkbox"/> <b>Child Lives with</b>	<input type="checkbox"/> <b>Child Lives with</b>
Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other _____	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other _____
First Name, Last Name	<input type="checkbox"/> Primary person for correspondence.	<input type="checkbox"/> Primary person for correspondence.
Home Phone		
Occupation & Work Phone		
Cell Phone	<input type="checkbox"/> I can receive text messages.	<input type="checkbox"/> I can receive text messages.
Address		
E-mail		
Is a Member of / Contributes to:	<input type="checkbox"/> B'nai Zion <input type="checkbox"/> Jewish Federation.	<input type="checkbox"/> B'nai Zion <input type="checkbox"/> Jewish Federation.
Parent(s) would like to show appreciation for the scholarship by volunteering, and offers to:		

## Parent / Guardian Acknowledgement and Signature

*A parent or guardian must sign and date each application for each child.*

In order for my child to be able to attend the above mentioned Jewish program, I would like to request scholarship assistance from B'nai Zion and/or the North Louisiana Jewish Federation. I understand that scholarship funds are limited, and I may be required to submit proof of financial need in order for my child to receive a scholarship.

Parent's Signature \_\_\_\_\_ Application Date \_\_\_\_\_

*Note: Only one application needs to be submitted for both BZ and Federation funding. Submit this to either office.*