

Temple Shalom Youth Scholarship Application Form

Youth Applicant Information

Name _____ DOB _____ Grade _____
Address _____ Home Phone _____
_____ Cell Phone _____
Best Email _____
Parent 1 Name _____ Parent 2 Name _____
Sibling (names and ages) _____

Program/Event Information

Program/Event to which you are applying? _____ Date of Program/Event _____
Have you previously attended this program/event? _____ When? _____

Please circle all organizations below that you have applied/will apply to for assistance: (if applicable)

One Happy Camper GFC First Time Camper Rosenbloom Fund
Dallas Federation Israel Scholarships JCRS

Other sources from which you will seek scholarships/grants: _____

Indicate the Program/Event Fee, Proposed Family Commitment amount, and specific amount requested.

Name of Program/Event	Program/Event Fee	Proposed Family Commitment	Temple Scholarship Request
_____	\$ _____	\$ _____	\$ _____

Temple Shalom Scholarships are allocated based on demonstrated financial need. To assist our allocation process, please help us understand your need for this scholarship in a few sentences written below.

Signature of Parent

Date

Signature of Youth

Date

Please return this complete form in an envelope marked "**Confidential**" addressed to:

David Lamden, Executive Director
Temple Shalom
6930 Alpha Road
Dallas, TX 75240

Or send it as a PDF and email it to: dlamden@templeshalomdallas.org.

Deadline for receipt is January 31, 2024