



TEMPLE **SHALOM**
BROTHERHOOD

**\$1,000 BOB WEINFELD
YOUTH MERIT SCHOLARSHIP APPLICATION**

The application deadline is May 1

NAME: _____

ADDRESS: _____

CITY: _____ ZIP: _____ PHONE: _____

BIRTHDATE: _____ E-MAIL ADDRESS: _____

PARENT'S NAME: _____

EDUCATION

WHAT IS YOUR CURRENT GRADE LEVEL IN SCHOOL? _____

WHERE DO YOU CURRENTLY ATTEND SCHOOL? _____

WHAT COLLEGE ARE YOU PLANNING TO ATTENDING? _____

JEWISH EDUCATION BACKGROUND

IS YOUR FAMILY CURRENTLY A MEMBER OF TEMPLE SHALOM? _____

WERE YOU A B'NAI MITVAH? _____

REFERENCES

NAME

ADDRESS

PHONE

1. _____

2. _____

References should include *at least one* of the following: Rabbi Paley or Director of Education Deborah Niederman, RJE.

Optional: You may enclose a sealed letter of recommendation with your application.

[illegible]

(Applicant)

(Applicant's parent) (Date)

OR EMAIL APPLICATION TO: dlanden@templeshalomdallas.org