

\$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.

THIS SCHOLARSHIP IS BASED UPON ACTIVITY WITHIN TEMPLE SHALOM AND THE JEWISH COMMUNITY. PLEASE LIST BELOW ALL OFFICES YOU HAVE HELD IN ANY YOUTH GROUPS, YEARS YOU HAVE PARTICIPATED IN OZRIM, AND/OR ANY OTHER JEWISH ACTIVITIES YOU HAVE PARTICIPATED IN. (PLEASE ATTACH PAGES IF NECESSARY).

I understand that this form is not an agreement that I will be selected for the Temple Shalom Bob Weinfeld Brotherhood Scholarship, but merely an application. Should I be selected, I hereby give Temple Shalom Brotherhood permission to use my name in any announcements about the scholarship. I hereby swear that the above information is all true.

(Applicant)

(Date)

I hereby approve of my child applying for the Temple Shalom Brotherhood Bob Weinfeld Scholarship.

(Applicant's parent)

(Date)

Please return this application to: David Lamden, FTA Executive Director Temple Shalom 6930 Alpha Road Dallas, Texas 75240