

**TEMPLE SHALOM BROTHERHOOD BOB WEINFELD
YOUTH MERIT SCHOLARSHIP APPLICATION**

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? _____

JEWISH EDUCATION BACKGROUND

IS YOUR FAMILY CURRENTLY A MEMBER OF TEMPLE SHALOM? _____

WHAT YEAR WERE YOU CONFIRMED? _____

WHAT YEARS HAVE YOU BEEN A MEMBER OF TEMPLE SHALOM'S SENIOR YOUTH GROUP (SHFTY) _____

REFERENCES

NAME	ADDRESS	PHONE
1. _____	_____	_____
2. _____	_____	_____

References should include *at least one* of the following: Temple Shalom Youth Advisor, Temple Shalom Rabbi, Temple Shalom Cantor, Temple Shalom Religious School Director.
Optional: You may enclose a sealed letter of recommendation with your application.

(See back)

