

**Congregation Beth Emeth
Megan Miriam Berman Youth Fund**

Subsidy Application

Type of Subsidy being applied for: Standard Subsidy Financial Need Subsidy Presidents Subsidy

Applicant Information

Applicant Name: _____ Parent Name: _____

Street, City, State and Zip: _____

Phone Number: _____ Parent Cell: _____ Parent Email: _____ Applicant Email: _____

Event Information

Name of the Event: _____ Date of the Event: _____

Date of this application: _____ Registration deadline: _____

Total Cost of the Event (including separate transportation): \$ _____

For Office Use
Adm _____
YCC1 _____
YCC2 _____
YCC3 _____
APPRD AMT
Reason Declined

Criteria for Consideration (please check to verify)

- The event qualifies as a Covered Event
- Applicant's parents are registered members in good standing of Congregation Beth Emeth
- Applicant meets eligibility criteria of the activity he/she wishes to attend
- Applicant attends an average of two Services per month on Shabbat, Holiday or other Services where Torah is read.
- Applicant is enrolled in an on-going Jewish Study Program from the following: CBE Hebrew/Judaics High School; Jewish Day School; Jewish study at a college or university; teaching or serving as Madrich/a in CBE Religious School; CBE Adult Education courses; Personalized program of study with CBE Rabbi, Education Director and/or Youth Director; Judaic education sponsored by another synagogue or community organization (separate approval required).

Applicant's Signature _____ Date _____ Parent's Signature _____ Date _____