

SISTERHOOD EDUCATIONAL GRANT APPLICATION

NAME: _____ AGE: _____ GRADE: _____

ADDRESS: _____

PHONE #: _____ PARENT'S E-MAIL _____

CAMP NAME: _____ OR ISRAEL TRIP: _____

DATES OF CAMP/TRIP _____ DATE RECEIVED BY OFFICE: _____

To be considered eligible for this grant, one parent or guardian must be a current Sisterhood member in good standing and the applicant must be eight years of age or older when the application is submitted. Upon receipt of the application, membership in Sisterhood will be confirmed. If the parent or guardian is not a current member, an opportunity to join Sisterhood will be offered. The membership must be paid within 21 days of receipt of the application.

Each application must have ALL of the following when submitted:

1. **Handwritten** application completed by the applicant.
2. **Two** letters of recommendation clearly stating the adult non-familial relationship (ie, neighbor, coach, teacher, etc.).
3. **Brochure** describing the proposed Israel/Camping experience.

Please note: The committee assumes no responsibility for collecting missing parts of the application. If you have individual concerns you would like the committee to consider, please contact Judy Bergman. **ANNUAL DEADLINE: July 31st**

1. *Briefly describe the camping/Israel experience you are attending.*

2. *Briefly tell us why you think this experience will be beneficial to you and what you hope to achieve as a result of this experience.*

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3. Please explain how you feel this experience will foster your growth as a Jew.

Each application must have ALL of the following when submitted:

1. Handwritten application completed by the applicant.
2. Two letters of recommendation clearly stating the adult non-entitled relationship (ie: neighbor, coach, teacher, etc.).
3. Biochure describing the proposed Israel/learning experience.

4. Please list community services, activities, awards (scholastic or otherwise) and sports or recreational activities in which you have participated (if applicable).