Congregation Beth Israel Ner Tamid Youth Scholarship Application 2023

<u>Deadline for Submission: Friday, January 26, 2024</u> <u>office@cbintmilwaukee.org</u>

Congregation Beth Israel Ner Tamid is fortunate to have several endowment funds that have been established to provide scholarships to children up to age 26 of our current members in good standing.

Scholarships are available for CBINT youth to assist them in furthering their Jewish education. Activities include students attending Jewish overnight camps, USY programs, Jewish high school in Israel, organized Jewish educational tours in Israel and Jewish advanced college studies in Israel. Preference is given to individuals who participate in programs sponsored by the Conservative Movement and/or who have a true financial need. These endowments <u>do not fund</u> day camp or non-Jewish education based programs.

1. Applicant and Parent Information

<u>Applicant</u>			
Date of Application/	/	_	
Applicant Name			
Street Address			
City	State		ZIP Code
E-Mail Address		Phone	
Birthdate_	/		
/		Grade	
Name of School			
Parent(s)			
Name(s)			
Street Address			
City	State		ZIP Code
E-Mail Address(es)			
Phone(s)			
Is applicant declared as a deparent's tax return? Yes	pendent on eit	ner	



Name of Camp/Progr	am	
Address	State	Zip
City		
ates of Camp/Program	. Start Date//	_
nd Date//_	, Session # if any	
rief Description of Cam	p/Program	
. CBINT and Commi		
	licant and family members been to Jewish Community? (Attach addition	active members of Congregation Beth Israel
arma and the winwaake	e rewish community. (Attach additi	ional streets if necessary.
Add number 4) Explana	tion of circumstances that have l	ed you to apply for a scholarship (Bold)
		_
= =	=	s camp/program and how will it
4. Why are you benefit you and yo	=	s camp/program and how will it

5. Estimated Camp/	Program Expense	S
Tuition or Camp/Program Fe	e \$	
Transportation Expense	\$	<u> </u>
Other Expense	\$	
Total Expense	\$	<u> </u>
6. Financial Information		
Amount requested from CBI Is receiving a Scholarship fro Yes	m CBINT critical for y	s \$ you to participate in this Camp/Program? No
Are you receiving financial a	ssistance from any of	f these sources?
Yourself \$		
Family \$		
Scholarship \$Sch	nolarship \$_	From
Other Source(s)\$		
		From
		Describe
If applying for an Israel Prog	·	Passport to Israel Account? Amount \$
7. Required Signatures		
Applicant		Date://
Parent 		Date:/

CBINT APPROVAL

For Office Use Only:

Ву:	Amount :	Date:
CBINT Funds Utilized		