

CONFIDENTIAL SCHOLARSHIP FORM
REFORM CONGREGATION KENESETH ISRAEL
8339 Old York Road, Elkins Park, PA 19027



PLEASE SUBMIT THIS APPLICATION DIRECTLY TO:

William A. Schur, Scholarship Committee Chair
Email: wschur@aol.com
Fax (including cover sheet): 215-517-6358

ONLY COMPLETELY FILLED OUT APPLICATIONS WILL BE CONSIDERED
APPLICATION DEADLINE: January 1 of the Camp Year

SCHOLARSHIP APPLICATION FOR: (check one or specify program)
Camp Harlam: _____ Camp Kutz: _____ Israel: _____ Other _____

Date of Application: _____

CHILD INFORMATION:

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____ PHONE: _____

SECULAR SCHOOL: _____ GRADE: _____

KI ACTIVITIES OF STUDENT: Shir Joy _____ Teacher/Office Aide _____
KIFTY _____ Hebrew Hammers _____ Other _____

Other Student Activities (Please Specify) _____

FAMILY INFORMATION: YEAR FAMILY JOINED KI: _____

PARENT #1 NAME: _____ EMAIL: _____

PARENT #2 NAME: _____ EMAIL: _____

ADDRESS & PHONE IF DIFFERENT FROM CHILD: _____

KI Parent(s) Volunteers at KI doing: _____

KI Parent(s) serve on these committees: _____

NAMES & AGES OF OTHER CHILDREN IN THE FAMILY:

Please list all the members of the child's household and any other living arrangements that may be financially relevant. _____

YOU MUST COMPLETE THE REVERSE SIDE

