

REFORM CONGREGATION KENESETH ISRAEL  
ELKINS PARK – BLUE BELL  
8339 OLD YORK ROAD ELKINS PARK, PA 19027



SCHOLARSHIP APPLICATION FOR KIFTY – NFTY – GRATZ (CIRCLE ONE)

**PLEASE SUBMIT THIS APPLICATION DIRECTLY TO:**

William A. Schur, Scholarship Committee Chair

Email: wschur@aol.com

Fax (including cover sheet): 215-517-6358

Application Date: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Parent Home Phone: \_\_\_\_\_ Parent Cell Phone: \_\_\_\_\_

Parent Email: \_\_\_\_\_

Secular School: \_\_\_\_\_ Grade: \_\_\_\_\_

Enrolled in Religious School: Yes \_\_\_ No \_\_\_ Member in KIFTY: Yes \_\_\_ No \_\_\_

STUDENT'S EXTRA CURRICULAR ACTIVITIES AT RELIGIOUS SCHOOL & SYNAGOGUE:

KIFTY: \_\_\_\_\_ Office Aide: \_\_\_\_\_ Teacher Aide: \_\_\_\_\_ Shir Joy: \_\_\_\_\_

Hebrew Hammers: \_\_\_\_\_ OTHER: \_\_\_\_\_

**NAME OF EVENT/PROGRAM:** \_\_\_\_\_

**DATE/S:** \_\_\_\_\_ **COST: \$** \_\_\_\_\_ **AMOUNT NEEDED: \$** \_\_\_\_\_

Upon receipt of this scholarship, I am committing myself to actively continue in KI's Religious School to Confirmation and to KI's Youth Programs.

I agree to follow all of NFTY's deadlines and payment procedures and will submit a check directly to NFTY. I understand I will be reimbursed by Reform Congregation Keneseth Israel.

Student's Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

**Please note: When a decision has been made regarding your scholarship, you will receive an email from William A. Schur.**

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FOR OFFICE USE ONLY:

Scholarship Awarded: DATE: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

APPROVED FOR PAYMENT:

\_\_\_\_\_  
WILLIAM A. SCHUR, SCHOLARSHIP COMMITTEE CHAIR

Revised 9/9/08:lgh