

APPLICATION FOR AMIRAM DAVID COHEN SCHOLARSHIP FUND
Sponsored and Supported by Sisterhood Temple Beth Shalom

Name _____

Parents' Names _____

Address _____

Phone Number _____

School Grade/Yr. In College _____ Hebrew School Grade _____

Hebrew School Attending(ed) _____ Dates Attended (Graduated) _____

If applicable, have you been Confirmed? _____ Date & Place of Confirmation _____

Purpose of Grant - Specify name of, either:

Summer Program _____ OR

College/University and Course Name _____

Has mother been a member of Sisterhood for two years prior to today's date? _____

Cost of program or tuition \$ _____

Signature of Parent (if applicant is under 18)

Signature of Applicant

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- All applications for summer activities MUST BE SUBMITTED BY FEBRUARY 28th to the President of Sisterhood; applications for college classes can only be accepted by the February 28th immediately following the conclusion of the class and must be accompanied by a transcript evidencing a passing grade; applications for activities other than summer or college classes should be submitted at least 60 days prior to departure date and/or in time for the February 28th deadline preceding the departure. Applications should be sent to the Temple c/o Ami Cohen Scholarship.
 - The ADCSF fiscal year is April 1st to March 31st.
 - Any child entering the 5th grade through the summer following his/her senior year in college, who is currently continuing his/her Hebrew education, is eligible to apply for a grant.
 - The family of the applicant must be a member in good standing of Temple Beth Shalom. The mother MUST be a member in good standing of Sisterhood for two consecutive years PRIOR to current year of application.
 - Activities must be of an EDUCATIONAL nature that has been REVIEWED AND APPROVED by the ADCSF Committee.
 - All applicants meeting the requirements will receive grants of varying monetary value.
 - Further financial assistance is available, if necessary, through the fund. Any such requests should be in writing and directed to the Sisterhood President setting forth the reason for the request. No additional assistance will be considered without this letter.
 - On the back of this application, write a short paragraph describing your program and its Judaic educational component in detail.
 - Checks will be made payable to the recipient and mailed by May 15th.
 - All information submitted with the application and all grants are kept confidential.
 - All applicants agree to allow Sisterhood to publish their names and the names of their parents if they become scholarship recipients.