

JEWISH CONTINUITY GRANT APPLICATION

Date:

Applicant's Information:

Name _____

Address _____

Telephone (Day) _____ (Evening) _____ E-mail _____

Birth Date _____ Gender: _____ Male _____ Female _____

Level of Education:

_____ High School _____ Undergraduate _____ Masters _____ Other _____

Family Information:

Mother's Name _____
Address _____

Telephone Day _____ Evening _____

Father's Name _____

Address _____

Telephone Day _____ Evening _____

Siblings Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

If any, Congregation Affiliation _____

If any, Religious Education: _____

Grant Request Information:

Name of Program _____

Duration/# of weeks of program _____ Dates of program _____

Auspices/Sponsor of Program _____

Grant Amount Requested: _____

Other Grants, Loans, Scholarships applied for: _____

Amount received: _____

Have you applied for a loan from Hebrew Free Loan Association?

Why is this Jewish Continuity program important for you to attend?

For publicity purposes, your name and program attended will be listed in the Jewish Reporter as a Jewish Continuity Grant recipient. If you do not want to be listed, please check below.

I do not want my name listed in the Jewish Reporter as a recipient of a Jewish Continuity Grant.

Applicant's Signature:

For Office Use Only

Applicant's Name

Amount Approved

Date

Interviewer

F:\jfc\grpserv\youth\continui\schloana.wpd