



## Retreat/Camp Scholarship Application

Name of Applicant: \_\_\_\_\_

1. Parent/Guardian Name: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Phone #: \_\_\_\_\_

2. Parent/Guardian Name: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Program: \_\_\_\_\_ Dates: \_\_\_\_\_

A. Total Program Fee \$ \_\_\_\_\_

B. Applicant and/or guardian/parents plan to pay \$ \_\_\_\_\_

C. Family member (e.g. grandparents) can contribute \$ \_\_\_\_\_

D. We have confirmed scholarship from (please list source and amount)

a. \_\_\_\_\_ \$ \_\_\_\_\_

b. \_\_\_\_\_ \$ \_\_\_\_\_

c. \_\_\_\_\_ \$ \_\_\_\_\_

E. We expect to receive scholarship from (please list source and amount)

a. \_\_\_\_\_ \$ \_\_\_\_\_

b. \_\_\_\_\_ \$ \_\_\_\_\_

F. Amount of scholarship requested from Temple Solel \$ \_\_\_\_\_

**Dear Applicant, on a separate piece of paper, please tell us why going to this Retreat/Camp/Trip is important to you and what you expect to bring back from your experience.** Note that following your Retreat/Camp/Trip you will be asked to present your experience during T'filah.

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

Please return to Temple Solel Executive Director **No Later than March 1**  
Distribution based on individual needs and available scholarship funds to Temple Solel Members only.  
All scholarships are confidential.