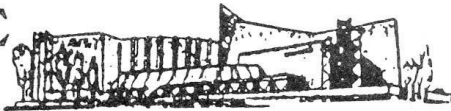




# SINAI TEMPLE SISTERHOOD

*Affiliated with the United Synagogue of America*



10400 Wilshire Boulevard, Los Angeles, California 90024 • (310) 474-1518

Dear Camp Ramah Sisterhood Scholarship Applicant:

Thank you for your interest in obtaining a Sisterhood Camp Ramah Scholarship. In order to conduct this process fairly, we need the following information. All information will be kept in the strictest confidence. Please return this form by Friday, April 1, 2011 in a **sealed envelope** to Sinai Temple Sisterhood, 10400 Wilshire Boulevard, Los Angeles CA 90024 ATTENTION: SISTERHOOD CAMP RAMAH SCHOLARSHIP COMMITTEE.

Applicant's Name	Grade Level	Attended Camp Ramah in the past
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Sinai Temple Membership Number \_\_\_\_\_

Are you members of another Temple? \_\_\_\_\_ If so, which one \_\_\_\_\_

Have you applied for financial aid from the Sisterhood Scholarship Fund before? \_\_\_\_\_ If so, how much were you granted (please state years and amounts if more than once)? \_\_\_\_\_

Have you applied for scholarship funds elsewhere? \_\_\_\_\_ If so, where \_\_\_\_\_

Have you been granted scholarship funds from elsewhere in the past (please state years and amounts if more than once)? \_\_\_\_\_

Home Address of the Student(s) \_\_\_\_\_

Telephone Number \_\_\_\_\_

Father's Name \_\_\_\_\_

Father's Home Address (if different) \_\_\_\_\_

Telephone Number \_\_\_\_\_ E-mail \_\_\_\_\_

Mother's Name \_\_\_\_\_

Mother's Home Address (if different) \_\_\_\_\_

Telephone Number \_\_\_\_\_ E-mail \_\_\_\_\_

Father's Occupation \_\_\_\_\_

Employed by \_\_\_\_\_

How Long? \_\_\_\_\_ Telephone \_\_\_\_\_ Salary \_\_\_\_\_ (hourly or annual)

Mother's Occupation \_\_\_\_\_

Employed by \_\_\_\_\_

How Long? \_\_\_\_\_ Telephone \_\_\_\_\_ Salary \_\_\_\_\_ (hourly or annual)

Marital Status \_\_\_\_\_ If divorced or separated, with which parent does the child live \_\_\_\_\_

For all children in school including college, please list

Name	School	Annual Tuition	Amount of Financial Aid Received
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list the amount of any additional income received and from what sources

\_\_\_\_\_  
\_\_\_\_\_

Please list any extraordinary expenses (amount and reason)

\_\_\_\_\_  
\_\_\_\_\_

Please give a brief explanation of any unusual circumstances which the committee should know

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you,  
The Sinai Temple Sisterhood  
Camp Ramah Scholarship Committee  
Contact: Lili Shafai  
(310) 454-9927  
E-mail: lshafai@gmail.com

**Due Date: Friday, April 1, 2011**