



Sisterhood is an affiliate of Women's League for Conservative Judaism, the international network of Conservative Jewish women.

Dear Sisterhood Jewish Camp Scholarship Applicant:

Thank you for your interest in obtaining a Sisterhood Jewish Camp Scholarship. In order to conduct this process fairly, please provide the following information. All information will be kept in the strictest confidence. Please return this form by: **Thursday, April 30, 2026.**

Please send via text to: Lili Shafai @ 310-877-2829 AND Marcy Melton @ 310-892-2555

| Applicant's Name | Grade Level | Jewish camp attended previously | Preferred camp this year |
|------------------|-------------|---------------------------------|--------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Camp Address: _____

Name of Contact Person: at camp: _____

Contact's Phone Number: _____ Contact's Email address: _____

Sinai Temple Parent or Grandparent 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) _____

Father's Name & Home Address (if different): _____

Email Address: _____ Telephone Number: _____

Mother's Name & Home Address (if different): _____

Email Address: _____ Telephone Number: _____

Father's Occupation _____

Employed by _____

How Long? _____ Telephone _____ Income _____ (annual)

Mother's Occupation _____

Employed by _____

How Long? _____ Telephone _____ Income _____ (annual)

Marital Status _____ if divorced or separated, which parent does the child live with? _____

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

I understand that scholarship funds are limited, and awards are not guaranteed. Yes

If awarded, I agree to allow Sinai Temple Sisterhood to acknowledge the scholarship (no names used publicly unless permission is granted). Yes

Thank you,

The Sinai Temple Sisterhood
Jewish Camp Scholarship Committee

*Please be advised that this Scholarship is strictly for children of
Sinai*

Temple member families

