



333 South 132 Street, Omaha NE 68154
 (402) 334-6551 / FAX (402) 334-6765 /
 dwalker@jewishomaha.org

YOUTH GROUP PROGRAM SCHOLARSHIP APPLICATION

- Scholarships are available only to Jewish residents of the Omaha metropolitan area.
- Applications must be submitted a minimum of two weeks before the event.
- Award notifications will be sent to parents and the youth group director via email.

Participant Last Name		Participant First Name		
Preferred First Name		Gender	DOB	Age
Parent(s) Last Name(s)		Parent(s) First Name(s)		
Mailing Address	City	State	Zip	
Home Phone #	Parent Cell Phone #			
Parent Email Address	Parent Marital Status			
Synagogue Affiliation	Youth Group (for this program)			
Name and Location of Program	Program Dates			
Is this the first time you have participated in any youth group program?			Yes or No	
Cost of Program			\$	
Cost of Transportation, if separate			\$	
Other costs (please explain)			\$	
Amount of scholarship request (<i>If over \$100, complete section below</i>)			\$	

*** If requesting over \$100, please complete the following section.**

Please explain the financial circumstances that you feel should be considered as your request is reviewed. You may include, but are not limited to, detailing the following: parents and/or siblings attending college; support of family member(s) outside of the immediate family; excessive educational debt; excessive medical debt; serious medical issues affecting the family; significant loss of income in the past year; single parent with little or no income from absent parent, etc. *You may also be contacted to provide additional information.*

--	--

Parent or Guardian Signature

Date