

Beth David B'nai Israel Beth Am Youth Department Scholarship Application

***All information will be held in the strictest confidence.**

***Please submit this form prior to the program's first deadline.**

Participant's Name: _____

Parents' Names: _____

Address: _____

City: _____ Province: _____

Postal Code: _____ Home Phone: _____

Participant's E-mail Address: _____

Parent's E-mail Address: _____

Date of Birth: _____ Age: _____ Grade: _____

Program:

- ____ USY Fall Kinnus
- ____ USY International Convention
- ____ USY Specialty Kinnus
- ____ Kadima Kallah
- ____ USY & Kadima Spring Regional Convention
- ____ Other (please specify: _____)

Cost of program: \$ _____

Scholarship you are requesting: \$ _____

Please indicate any extenuating circumstances you feel may be relevant:

Please return to:
Beth David B'nai Israel Beth Am Youth Department
55 Yeomans Road
Toronto, ON M3H 3J7