

**Alexander Ben Abraham Singer Scholarship
Application Form**

DATE: _____

STUDENT/APPLICANT: _____

MAILING ADDRESS: _____

FAMILY INFORMATION: Father

Mother

Name: _____

Occupation: _____

Employer: _____

Phone Number: Home _____

Work _____

Email: _____

**APPLICANT'S and FAMILY PARTICIPATION and ACTIVITIES IN THE JEWISH
COMMUNITY (e.g. synagogue membership, youth group, Jewish schooling, etc.):**

Please attach an additional sheet if necessary

CHILDREN CURRENTLY ATTENDING SJS?

Full Name: _____

Grade: _____

Full Name: _____

Grade: _____

OTHER DEPENDENT CHILDREN

Full Name: _____

Age: _____

Full Name: _____

Age: _____

PROGRAM OR EVENT FOR WHICH FUNDING IS BEING REQUESTED

Dates of Program/Event _____

Cost of Program/Event _____

Registration _____

Transportation _____

Other Expenses (Explain) _____

WHY IS THIS EVENT or ACTIVITY IMPORTANT TO YOU?

Please attach an additional sheet if necessary

Additional Financial resources available _____

Total Cost to Participant _____

Enter the amount of financial assistance you are requesting _____

Please provide additional information which you feel will assist us in our consideration of your need for financial assistance. List any special expenses you might be facing: i.e. medical, housing, etc.

Cost of Program/Event:

Registration

Transportation

Other (explain)

Additional

Total Cost

Amount of Financial Assistance:

Student Applicant Signature and Date

Parent Signature and Date

Parent Signature and Date