

Beth Hillel Synagogue
160 Wintonbury Avenue
Bloomfield CT 06002 – 1909
Web: www.bethhillelsynagogue.org

Gary L Atkins, Rabbi
Dr. Philip Lazowski, Rabbi Emeritus

Tel: (860) 242 – 5561
Fax: (860) 242 – 5683

SCHOLARSHIP/YOUTH ACTIVITY STIPEND REASON FOR AID REQUEST

Date _____

Applicant's Name _____ Age _____

Street Address _____

City _____ State _____ Zip Code _____

Father's Name _____ Phone _____

Mother's Name _____

Beth Hillel Synagogue Member? Yes _____ No _____

Reason for Request _____

Date of Event _____

Description of Event _____

Estimated Cost _____ Amount Requested _____

How does applicant contemplate contributing toward above cost? _____

Please write a paragraph or more explaining: 1) Why you feel you are entitled to receive aid, 2) What do you hope to get out of the event, 3) How will it make you a better member of the Jewish community etc. (Please use additional paper if necessary.)

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Should hardship be a consideration? If so, please explain the family's financial situation.

Should this grant be based on the applicant's merit? Please explain

What other sources of aid are you requesting? Please list all and amounts if known.

Applicant's Signature _____ Parent's Signature _____

For Committee Use Only

Date Received _____ Date Considered _____

Committee Action _____