

OHAVAY ZION CONGREGATION
Application for Scholarship
for Camp/Youth Group Conventions/Jewish Youth Programs

(To be completed by parent(s) or applicant)

Date of Application: _____

Personal Information:

Child's Name: _____

Age: _____ Date of Birth: _____ Grade: _____

Name of Parent(s): _____

Address: _____

City, State, Zip: _____

Phone: _____ Cell Phone: _____

E-mail Address: _____

Child's Participation at OZS: (Check all that apply):

Religious School
Midrasha
Teacher's Aide

Hebrew School
Jewish College Prep
USY/Kadima

Requested Scholarship:

Camp/Program Child Will Attend: _____

Camp/Program Session (specify dates): _____ Application Due Date: _____

Camp/Program Tuition: _____ Transportation Costs: _____

Amount Family Is Able to Pay: _____ Payment Due Date: _____

Other Sources of Funding (include sources & amounts requested or committed):

Amount Requested From OZS: _____

Other Children Attending Camp/Program: (Please complete for all other children attending)

Name: _____ Camp: _____

Cost: _____

Financial Assistance (include source and amount): _____

Family Income:

Total Family Income (from all sources): _____

Total Number of Dependents: _____

Extenuating Circumstances (information to consider for this application):

Family Agreement:

If additional information is required for consideration of this application a member of the Scholarship Committee will contact you.

I/we affirm that the information on this application is true to the best of my/our knowledge.

If a scholarship is awarded, but the child is unable to attend for any reason, I/we will notify OZS immediately.

Signature of parent(s) or applicant

Please send application to: Scholarship Committee
 Ohavay Zion Congregation
 2048 Edgewater Court
 Lexington, KY 40502

You may scan & email application to: ozslex@insightbb.com

Contact Phone: 859.266.8050

NOTE: All funds granted by OZS will be paid directly to the camp/convention/program.