

Robert Scott Samuels Scholarship Application

(Please print clearly)

Date:

Camper's name:

Parent's Names:

Address:

Home Phone:

Parent's email:

I will be attending:

Chalutzim _____ \$400.00 scholarship

Session: _____ \$300.00 scholarship

Atid: _____ \$100.00 scholarship

Is this your first time attending camp? _____ Yes _____ No

Are you receiving any other scholarships? _____ Yes _____ No

Please note: If you are receiving a Campership or other scholarship funds you are not eligible for this scholarship.

Please write a short essay (100 words) on why you would like to go to camp this summer. **Your application must be received no later than April 1, 2010.** Please send all applications to the synagogue marked Youth Committee Camp Scholarship Application. Or email it back to the office at cec.office@comcast.net