



Camp Sholom
2625 N. Tustin Ave.
Santa Ana, CA 92705
714-628-4620

<http://www.tbsoc.com/campsholom/>

**CAMP SHOLOM 2020
SCHOLARSHIP APPLICATION***
(Confidential)

Date: _____ Name of Child(ren): _____

Parent/Guardian Name(s): _____

Email: _____ Phone: _____

Address: _____

Anticipated Camp Sholom Registration:

Child One: _____ Child Two: _____

5-Day	Camp Week
<input type="checkbox"/>	Week 1
<input type="checkbox"/>	Week 2
<input type="checkbox"/>	Week 3
<input type="checkbox"/>	Week 4

****Are you a member of Temple Beth Sholom? _____**

**In order to qualify for a Camp Sholom scholarship, a completed application must be turned in to the Camp Sholom Office by July 1st.*

***Camp Sholom scholarships are reserved for members of Temple Beth Sholom only.*

Please complete both pages of this form

Financial Need and Purpose

Briefly state your reasons for applying for a Camp Sholom Scholarship this year:

What is the total dollar amount you are able to commit to? _____

Signature: _____

Thank you for your Scholarship Application. You will receive an email from the Camp Office upon receipt of this application and will be informed of scholarships awarded by July 1st.

Factors determining scholarship awards include display of financial need and the order in which we receive applications. In order to qualify for a Camp Sholom scholarship, a completed application must be turned in to the Camp Sholom Office by July 1st. Camp Sholom scholarships are reserved for members of Temple Beth Sholom only.