



JEWISH GIRLS RETREAT SCHOLARSHIP APPLICATION:

1. Applicant name _____ Age _____

Address _____ City _____ State _____ Zip code _____

Phone _____

2. Father's name _____

Address (if different) _____

Occupation _____ Place of work _____

Phone _____ E-mail _____

3. Mother's name _____

Address (if different) _____

Occupation _____ Place of work _____

Phone _____ E-mail _____

What is the scholarship amount you are requesting? \$ _____

Please include the following with your application

- A copy of your most recent Tax return summary page (not entire return).
- Please provide us with any other information which will help us determine that your request for scholarship is based on financial need.

Parent's signature _____ Date _____

Please submit application to Jewish Girls Retreat, 2155 13th St., Troy, NY 12180
Applications must be received by May 1, 2008 although scholarships will be awarded on a first come, first served basis.