



ADATH USY

ADATH JESHURUN UNITED SYNAGOGUE YOUTH

Adath USY/Kadima Scholarship Application

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SENIOR RABBI
RABBI HAROLD KRAVITZ

RABBI
RABBI AARON BRUSSO

Name: _____ Date: _____

Please briefly describe your participation in Adath (in Kadima/USY, in SMP, etc.):

USYer/Kadmianik signature: _____

Parent signature: _____

PLEASE NOTE THE FOLLOWING POLICIES AND REGULATIONS:

The policies and regulations below are designed to distribute scholarships equitably among qualified youth group members.

1. Scholarships are based on need **and** regular participation in Adath events.
2. Scholarships are available only for Adath Kadima and USY members.
3. Applications for scholarships must be submitted before or on the event registration deadline to allow time to process all requests.
4. All information will be kept in the strictest confidence.

Name of Program: CMT Cost of Program: \$120

Gross Family Income: _____ USYer/Family Contribution \$ _____

Reason for requesting scholarship:

For Office Use Only-Amount of Scholarship: \$ _____