

SCHOLARSHIP REQUEST FOR REGIONAL EVENT
INSTRUCTIONS:

Please complete all information on this form and submit (by mail or fax) as soon as possible to:

Norman Glikin Scholarship Committee
United Synagogue of Conservative Judaism
1090 King Georges Post Rd. Suite 1003
Edison, NJ 08837
Fax # 732-738-4304

Name of Child _____ ___ Kadima ___ USY Grade: ___

Address _____
City _____ Zipcode _____

Parents' names (*please print!*) _____

Day Phone # _____ Evening Phone # _____

Chapter _____ Advisor _____

Regional Event _____ Amount Requested \$ _____

Have you contacted your Synagogue to check for subsidies or scholarships? _____ What was the synagogue's response? _____

Please explain the extenuating circumstances for this request: _____

Please describe your child's involvement in Kadima/USY on the chapter and regional level: _____

Total household income:

___	Less an \$25,000	___	\$26,000-\$40,000	___	\$41,000-\$60,000
___	\$61,000-\$80,000	___	\$81,000-\$100,000	___	Over \$100,000

Signature of Parent

Date

For office use only - Please do not write below this line.

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Amount Approved by Scholarship Committee _____ Date confirmation letter sent _____
Approved by: _____

Dear Parent:

This is in response to your recent request for a Kadima/ USY scholarship. Limited funds are available through the Norman Glikin Scholarship Fund. The awards are based on financial need (based on the information supplied by you in the enclosed application) also taking into consideration your child's involvement in our programs throughout the year.

Please complete this application and return it to our office as soon as possible. Only completed applications will be considered.

Sincerely,

Sebley Hausler

Sebley Hausler
Norman Glikin Scholarship Fund