

**JEWISH CONTINUITY GRANT APPLICATION**

**Date:**

**Applicant's Information:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_ E-mail \_\_\_\_\_

Birth Date \_\_\_\_\_ Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

**Level of Education:**

\_\_\_\_\_ High School \_\_\_\_\_ Undergraduate \_\_\_\_\_ Masters \_\_\_\_\_ Other \_\_\_\_\_

**Family Information:**

Mother's Name \_\_\_\_\_  
Address \_\_\_\_\_

Telephone Day \_\_\_\_\_ Evening \_\_\_\_\_

Father's Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Day \_\_\_\_\_ Evening \_\_\_\_\_

Siblings Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

If any, Congregation Affiliation \_\_\_\_\_

If any, Religious Education: \_\_\_\_\_

**Grant Request Information:**

Name of Program \_\_\_\_\_

Duration/# of weeks of program \_\_\_\_\_ Dates of program \_\_\_\_\_

Auspices/Sponsor of Program \_\_\_\_\_

Grant Amount Requested: \_\_\_\_\_

Other Grants, Loans, Scholarships applied for: \_\_\_\_\_

Amount received: \_\_\_\_\_

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Have you applied for a loan from Hebrew Free Loan Association?

Why is this Jewish Continuity program important for you to attend?

For publicity purposes, your name and program attended will be listed in the Jewish Reporter as a Jewish Continuity Grant recipient. If you do not want to be listed, please check below.

I do not want my name listed in the Jewish Reporter as a recipient of a Jewish Continuity Grant.

Applicant's Signature:

***For Office Use Only***

Applicant's Name

Amount Approved

Date

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Interviewer

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