

Sisterhood of Congregation Emanu El
APPLICATION FOR RABBI HILLELAND RITA COHN CAMBERSHIP
FOR SUMMER 2016

*This Application is due no later than April 1, 2016 to the Sisterhood Box in the Temple Office
Congregation Emanu El, 1495 Ford St, Redlands, CA 92373
cee@emanuelsb.org • Fax (909) 307-0500*

CAMPER INFORMATION: (Please Print)

Camper's Name: _____

Home Address: _____

Phone Number: _____

Camper's Age: _____ Camper's Birth Date: _____ Grade as of Fall 2016: _____

SUMMER CAMP DETAILS:

Name of Camp: _____

Session and Dates of Expected Attendance: _____

Cost of Camp: \$ _____

Please state the amount of scholarship assistance you are seeking: \$ _____

What portion is the family able to contribute? \$ _____

Has your child ever attended a Jewish summer camp in the past? Yes No

If so, please list the Camp Name and Year attended: _____

**Preference will be given to first time campers.*

PARENT/FAMILY INFORMATION:

Name of Parents/Guardians _____

Address (if different from above) _____

Parents' e-mail address(es) _____

Parents' phone numbers (specify home or cell) _____

*Please have Camper answer the following questions to the best of his/her ability.
Attach additional sheets if necessary.*

1. Why do you wish to attend this particular camp?

2. What do you hope to derive from your camp experience?

3. Please describe your Jewish Activities. What Mitzvah's do you participate in at the temple or the wider Jewish Community?

On behalf of my child, I apply for a scholarship to the above program. To the best of my knowledge, all information stated in this application is accurate and complete. I understand that the decision of the Scholarship Committee is final.

Parent Name (please print) _____

Parent Signature _____ Date _____

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Preference will be given to:

- 1) First-time campers**
- 2) Need based**
- 3) Children of Active temple members**
- 4) Campers enrolled in School for Jewish Living, and actively attending**
- 5) Campers with fully completed Applications submitted by due date**