

**APPLICATION FORM**  
Maurice Amado Merit Award Fund  
Jewish Experience Program Award  
Sephardic Temple Tifereth Israel

**I. Applicant Information**

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<b>Name</b>	Last	First	Middle	<b>Age</b>
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<b>Address</b>	No. and Street	City	State and Zip
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<b>Phone</b>	Area code and number	<b>Birthdate</b>	Month	Day	Year
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<b>Father's Name</b>	Last	First
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<b>Mother's Name</b>	Last	First
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Parents are Sephardic Temple members in good standing?  Yes  No

Applicant is Sephardic Temple member in good standing?  Yes  No

**II. Jewish Experience Program Information**

Type of experience:  Jewish day camp  Jewish residential camp

Israel program  Other organized and supervised Jewish program

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**Name of camp or program**

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**Address of camp or program**

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**Phone number of camp or program**

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<b>Dates of attendance</b>	Beginning date	Ending date
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A photocopy of your completed application to the camp or program you have selected must be attached to this application form.

