## **APPLICATION FORM**

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

## I. Applicant Information

Name	Last	First		Middle		Age	
Address	No. and Street		City		State	State and Zip	
Phone	Area code and number		Birthdate	Month	Day	Year	
Father's Na	i <b>me</b> Las	t	First				
Mother's Na	<b>ame</b> Las	st	First				
Parents are	Sephardic <sup>-</sup>	Temple membe	ers in good sta	nding? 🔲	Yes	□No	
Applicant is	Sephardic <sup>-</sup>	Temple membe	er in good stan	ding? 🔲	Yes	□No	
II. Jewis	sh Experie	nce Program I	nformation				
Type of experience:		☐Jewish d	☐ Jewish day camp ☐ Jewish residential			al camp	
∐lsrael pro	gram	☐Other org	ganized and s	upervised Je	ewish pro	gram	
Name of ca	mp or prog	ıram					
Address of	camp or p	rogram					
Phone num	ber of cam	p or program					
Dates of attendance		Reginning o	late	Ending da	Ending date		

A photocopy of your completed application to the camp or program you have selected must be attached to this application form.

III. Personal Statement In the space below, write a letter to the Program Award Committee members telling them what you hope to gain from your participation in the program you have selected.					
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IV. Signature and Date					
I agree to participate in the program selected and to complete the program report form that I will be sent when I return.					
Applicant signature Date of application					
V. Your completed application must be submitted to the Temple Office by April 30. Applications received after that date will not be accepted.					
Office Use Only					
Date application received					
Temple Membership					
Program Enrollment/Fee					