



Congregation Beth Shalom
5915 Beacon Street
Pittsburgh, PA 15217
Phone: 412-421-2288
Fax: 412-421-5923
www.bethshalompgh.org

Seth Adelson
Rabbi

Kenneth Turkewitz
Interim Executive Director

Debby Firestone
President

TO BE COMPLETED BY STUDENT
APPLICATION FOR ASSISTANCE: CAMP/CONVENTION/TRAVEL TO ISRAEL

PROGRAMS YOU NEED ASSISTANCE WITH (Please check all that apply)

- SUMMER CAMP - NAME OF CAMP:
CONVENTION - NAME OF CONVENTION:
ISRAEL TRAVEL:

Length of Program: Dates:

Is your family a member of Beth Shalom? Yes No

Name of Student: Birth Date: Grade: M F

Address:

Home Phone: Cell: email:

Parent Name #1:

Parent Name #2:

What is your involvement in Jewish youth programming (camp, schooling, activities, etc.)?

Are you a member of Jewish youth groups? Yes No

Circle all that apply: Kadima USY BBYO Young Judaea Diller Teens Other

What leadership position(s) have you held? (List position and year)

How would you rate your level of involvement (Leadership, attendance, etc.) in your youth group:

Lowest 1 2 3 4 5 6 7 Highest

What chapter activities have you actively planned, if any: State the activity and if you were a chair, or an active committee member. It is not necessary to limit your activities to the past year. \_\_\_\_\_

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Would you be willing to speak or write an article for the MIshpachtenu about your experience: Yes No

What other middle or high school clubs are you involved in? \_\_\_\_\_

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Do you attend J-Line?             Yes           

No

What part(s) of our Shabbat service can you lead? \_\_\_\_\_

Explain briefly any other special circumstances the committee should be aware of.

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**CERTIFICATION:**

The information provided herein, to the best of my knowledge, is true, accurate and complete.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**FINANCIAL ASSISTANCE IS REVIEWED BY A COMMITTEE OF THE BOARD OF TRUSTEES OF CONGREGATION BETH SHALOM.**

All information will be kept on a confidential basis by the Scholarship Committee. In return we request that you treat such matters with confidentiality as well. In a timely fashion a committee member will contact you.

**RETURN THIS FORM TO:**

Controller  
Congregation Beth Shalom  
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