BETH EMEK CAMPERSHIP FUND

Day Camp Scholarships

Congregation Beth Emek

Submit to

Rabbi Richard Winer
3400 Nevada Court, Pleasanton, CA 94566
Or Fax 925-931-1054

Confidential Application for Camp Scholarship

Applicant's name_____

Name of program _____
Dates _____
Date of birth _____
Grade in school _____

Applicant's prior camp experiences:
_____

Total fee for camp program _____

Participant's family contribution _____

Family expects to receive from _____ _____
(other source)

We request assistance in the amount of _____
(Please state specific amount)

Applicant's Short Essay (for residential campers only): Describe how you expect your camp experience to contribute to your Jewish identity and involvement.