

# Congregation Beth Israel Ner Tamid

## Youth Scholarship Application 2025

Deadline for Submission: Friday, January 31, 2025

[office@cbintmilwaukee.org](mailto:office@cbintmilwaukee.org)

Congregation Beth Israel Ner Tamid is fortunate to have several endowment funds that have been established to provide scholarships to children up to age 26 of our current members in good standing.

Scholarships are available for CBINT youth to assist them in furthering their Jewish education. Activities include students attending Jewish overnight camps, USY programs, Jewish high school in Israel, organized Jewish educational tours in Israel and Jewish advanced college studies in Israel. Preference is given to individuals who participate in programs sponsored by the Conservative Movement and/or who have a true financial need. These endowments do not fund day camp or non-Jewish education based programs.

**Scholarship applicants must be members in good standing of CBINT.**

### 1. Applicant and Parent Information

#### Applicant

Date of Application \_\_\_\_/\_\_\_\_/\_\_\_\_

Applicant Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Birthdate \_\_\_\_/

\_\_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_

Name of School  
\_\_\_\_\_

#### Parent(s)

Name(s) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

E-Mail Address(es) \_\_\_\_\_

Phone(s) \_\_\_\_\_

Is applicant declared as a dependent on either \_\_\_\_\_  
parent's tax return? Yes

No \_\_\_\_\_

**2. Camp/Program Information**

Name of Camp/Program \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_  
\_\_\_\_\_

Dates of Camp/Program. Start Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

End Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_, Session # if any \_\_\_\_\_

Brief Description of Camp/Program \_\_\_\_\_

\_\_\_\_\_

**3. CBINT and Community Involvement**

In what way has the applicant and family members been active members of Congregation Beth Israel Ner Tamid and the Milwaukee Jewish Community? (Attach additional sheets if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Explanation of circumstances that have led you to apply for a scholarship

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. Why are you interested in attending this camp/program and how will it benefit you and your community?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## 5. Estimated Camp/Program Expenses

Tuition or Camp/Program Fee \$ \_\_\_\_\_  
Transportation Expense \$ \_\_\_\_\_  
Other Expense \$ \_\_\_\_\_  
Total Expense \$ \_\_\_\_\_

## 6. Financial Information

Amount requested from CBINT Scholarship Funds \$ \_\_\_\_\_

Is receiving a Scholarship from CBINT critical for you to participate in this Camp/Program?

Yes \_\_\_\_\_ No \_\_\_\_\_

You're financing plan for your participation in the Camp/Program

Yourself \$ \_\_\_\_\_

Parents \$ \_\_\_\_\_

Scholarship \$ \_\_\_\_\_ Scholarship \$ \_ From

Other Source(s) \$ \_\_\_\_\_ \_\_\_\_\_

From \_\_\_\_\_

Describe \_\_\_\_\_

If applying for an Israel Program, Do you have a Passport to Israel Account?

Yes \_\_\_\_\_ No \_\_\_\_\_ Amount \$ \_\_\_\_\_

## 7. Required Signatures

Applicant Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_

Parent Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_

***For Office Use Only:***

CBINT APPROVAL

By: \_\_\_\_\_

Amount : \_\_\_\_\_ Date:

\_\_\_\_\_

CBINT Funds Utilized \_\_\_\_\_