

**TEMPLE SINAI NFTY SCHOLARSHIP APPLICATION**

**PLEASE COMPLETE AND SUBMIT YOUR APPLICATION  
A MINIMUM OF 60 DAYS PRIOR TO EVENT START DATE TO:**

Temple Sinai  
C/O Andrea Eiffert . Youth Director  
4631 Lockwood Ridge Rd. S.  
Sarasota, FL 34241

Phone: 941-924-1802 Fax: 941-925-2455 E-mail: [Andrea@TempleSinai-Sarasota.org](mailto:Andrea@TempleSinai-Sarasota.org)

**Parent Name(s):** \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_

E-mail Address \_\_\_\_\_

**Student's Name:** \_\_\_\_\_

Name of NFTY Event: \_\_\_\_\_ Dates of Event: \_\_\_\_\_

What portion of convention fee is the family able to provide? \_\_\_\_\_

Are there any circumstances affecting your financial situation which would be of assistance to the Committee in determining your scholarship eligibility: (additional space on back of form)

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

State why you would like to attend this event: \_\_\_\_\_

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

I certify that all information contained in this application for the Temple Sinai NFTY program scholarship is true and correct to the best of my knowledge. I also state that I will inform the Youth Director of any changes in plans with regard to NFTY event attendance. If awarded a scholarship and I am unable, or decide not, to attend the event, I will be responsible for reimbursement of the amount of scholarship. I agree to participate in the requisite number of Temple Sinai/SAFETY volunteer assignments.

YOUTH SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_