



## *The Brotherhood of Beth El Hebrew Congregation*

3830 Seminary Road • Alexandria, Virginia 22304 • (703) 370-9400  
brotherhood@bethelhebrew.org • [www.bethelhebrew.org/community/brotherhood](http://www.bethelhebrew.org/community/brotherhood)

### **Beth El Brotherhood Youth Scholarship Program Application Policies and Instructions**

**Mission Statement:** To foster opportunities for our Beth El Youth to enhance their Jewish identity through learning experiences and leadership programs that are available beyond our Temple Community.

#### Eligibility:

- Members of Beth El Hebrew Congregation families.
- In School grades 8 through 12.
- Involved in the Beth El Religious School and/or Youth activities.
- Applications will be considered for Beth El Youth for events through the first August after their graduation from High School or their 18th birthday; whichever comes last.

#### Schedule:

- Applications may be submitted at any time during the year, and should be submitted at least two months prior to the start of the event.
- The Committee will review the application and provide applicants with a decision within one month of the application's submission.
- The Committee may grant exemptions, for exceptional cause, to this schedule.

#### Application Procedures:

- Apply using the Beth El Brotherhood Youth Scholarship application form.
- Provide completed official event registration form.
- The application should be sealed in an envelope and either dropped off at the Beth El office or mailed to Beth El to the attention of the Secretary of the Beth El Brotherhood.
- Applications will be reviewed for scholarship funding in the order they are received.
- The Beth El Brotherhood Youth Scholarship Committee will evaluate applications on a "blind" basis; meaning that the Committee members will not know the applicant's identity during the deliberation process.
- After the event's conclusion, it is requested that the scholarship recipient share a brief oral or written presentation with the Brotherhood Board of Directors on their experience and how it enhanced his/her Jewish identity. This briefing should be coordinated through the Secretary of the Beth El Brotherhood.

#### Funding Process and Approval:

- Applications are reviewed and vetted, and the scholarships determined, by the Beth El Brotherhood Youth Scholarship Committee.
- The applicant and their parent/guardian will be directly notified of the Committee's decision.
- The recipient of scholarship funds must make a financial commitment on their own behalf towards the event for which they are requesting Brotherhood support.
- The Brotherhood Treasurer will coordinate with the applicant and his/her parent/guardian on the submission of the scholarship funds to be used to directly cover the costs of the sponsoring organization's approved activities, events, conferences and programs.



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Application #: \_\_\_\_\_

# Beth El Brotherhood Youth Scholarship Program

**Mission Statement:** To foster opportunities for our Beth El Youth to enhance their Jewish identity through learning experiences and leadership programs that are available beyond our Temple Community.

## **APPLICATION FORM**

**Please fill out both pages of this form. You must attach a copy of a completed registration/application form for the event that you are planning to attend.**

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

Parents/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_

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

**I understand the Brotherhood Youth Scholarship Program application's Policies and Instructions and certify that all of the information submitted in this application is correct to the best of my knowledge.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

# The Brotherhood of Beth El Hebrew Congregation

Application #: \_\_\_\_\_

## Beth El Brotherhood Youth Scholarship Program

***Do not include your identity on this page***

School Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Beth El Involvement (Youth Group, etc.): \_\_\_\_\_

Name of Event: \_\_\_\_\_ Sponsoring Org.: \_\_\_\_\_

Location: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Event App. Fees: \$ \_\_\_\_\_ Travel, Lodging, Food Costs: \$ \_\_\_\_\_

Is your participation in this event dependent on the amount of funding you hope to receive from the Youth Scholarship Program? \_\_\_\_\_ If so, what is that amount: \$ \_\_\_\_\_

Please Describe the Event you are attending:

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How do you feel attending this Event will "enhance your Jewish Identity" as stated in the Mission Statement on page 1 of this Form:

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Parent/Guardian's Comments:

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Rabbi's or Education Director's Comments:

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Committee Decision:

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***Attach additional pages as needed***

*An Affiliate of the Men of Reform Judaism • Sponsors of the Jewish Chautauqua Society*