



Education Scholarship Request Form

(NFTY Retreats, Camp, Israel Programs)

Parent's Name (s):	
Street Address:	
City, State, Zip:	
Telephone:	()
Email:	

Scholarship Request

Child's Name(s) & Grade	Name of Program (for Scholarship)	Full Cost of Program	Amount Requested from Other Sources <small>(include name of source)</small>	Scholarship Amount Requested from Beth Am

Reason for Scholarship:

Signature

Signature(s)

Date

Please return this form to the attention of Shaina Wasserman, swasserman@betham.org
 Congregation Beth Am, 26790 Arastradero Road, Los Altos Hills, CA 94022.