



# CONGREGATION B'NAI ISRAEL

The Spencer B. Gilbert, M.D. Camp Ramah Scholarship Request Form

Due to CBI office by **January 31**

NAME OF CAMPER \_\_\_\_\_

DATES/SESSION ATTENDING \_\_\_\_\_

PARENT NAME(S) \_\_\_\_\_

CONTACT PHONES \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMAIL \_\_\_\_\_

**CAMPER EXPLANATION OF WHY GETTING THIS SCHOLARSHIP IS IMPORTANT TO YOU AND YOUR FAMILY** \_\_\_\_\_

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(If needed, continue on back of this form.)

**YOUR CURRENT FINANCIAL CIRCUMSTANCES:**

Total Annual Family Income \$ \_\_\_\_\_

Total Annual Family Expenses \$ \_\_\_\_\_

Permission to advertise campers name for winning scholarship \_\_\_\_\_