



Application for Campership & Special Youth Program Grants

Applicant Information

Name		Grade	
Parent(s) Name(s)			
Street Address			
City ST ZIP Code			
Home Phone			
Work Phone			
E-Mail Address			

Camp/Program Information

Camp/Program Name	
Address	
City/State/ZIP Code	
Dates Attending	
Cost	

Other Information

Have you applied for a TAE Campership before? YES NO
 If YES, have you received a TAE Campership? YES NO What year(s)? _____

Participation in TAE Activities and Programs

Please check the programs and activities you participate in currently:

- | | | |
|---|---|---|
| <input type="checkbox"/> Attending Shabbat services | <input type="checkbox"/> Mitzvah Day | <input type="checkbox"/> TAE Day Camp Assistant |
| <input type="checkbox"/> Attending Synaplex™ Shabbat | <input type="checkbox"/> Religious School | <input type="checkbox"/> Religious School Madrichim |
| <input type="checkbox"/> Community Holiday Dinner | <input type="checkbox"/> Youth Choir | <input type="checkbox"/> Youth Group |
| <input type="checkbox"/> High Holy Days Children's Experience | <input type="checkbox"/> Purim Carnival | <input type="checkbox"/> Volunteering at Winter Shelter |

Parent Signature

By submitting this application, I affirm that my child has my/our permission to apply for a TAE Campership. I understand that an email will be sent to confirm the receipt of the application by Jan. 31st.

Name (printed)	
Signature	
Date	

