

**Augusta Jewish Federation
Application for Scholarship Aid**

PLEASE PRINT

Last Name	First Name	Date of Birth
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Parent/s names _____

Address	Telephone
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Why do you want to attend this program?

Cost of the program _____ Dates of the Program _____

Date by when you need our decision _____

Sources of Income for the Program

Parents	_____
Student	_____
Synagogue/Temple	_____
Youth Organization	_____
Other (please identify)	_____
Request from AJF	_____
TOTAL	_____

If the Federation is unable to offer any assistance, will you still attend the program?
Please check: ___yes ___ no

Please attach the following:

- A description of the program you want to attend
- A copy of your parents' 1040 form
- Any additional information you feel would be helpful to the committee

Please return the form and attachments to Leah Ronen, Executive Director, Augusta Jewish Federation, 898 Weinberger Way, Evans, GA 30809