

SEIGLE GRANT APPLICATION - Scholarships for Youth Group participation

Date _____

NAME OF CHILD(ren) _____

AGE(s) _____ GRADE(s) _____

ADDRESS _____

PHONE _____ PARENT CELL PHONE _____

NAME OF MOTHER _____ NAME OF FATHER _____

PARENT E-MAIL _____

The amount of the grant will be determined per event.

Please list any financial hardships in your family that contribute to the need for assistance.

In what ways does your child participate and benefit from Jewish Youth activities?

PARENT SIGNATURE: _____

RETURN TO: Liza Bachrach, 7 Clove Court, South Elgin, IL 60177, or email
Archbroch@comcast.net

Please include a thank you note to Robin and Mark Seigle in the box on the following page. You may or may not choose to sign the note if you would prefer to remain anonymous. I will forward the note privately.

Thank You! - Liza

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A large, empty rectangular box with a thin black border, occupying the majority of the page below the header. It is intended for the applicant to provide details about their youth group and the scholarship request.