

JOYCE JUDA SCHOLARSHIP - APPLICATION FORM - JR. USY JAM

PLEASE COMPLETE IN FULL - **DEADLINE: BY WEDNESDAY, OCTOBER 22nd**

This fund helps USYers attend NERUSY regional programs. Funds are limited.

Please answer the following (use additional paper if needed). **In addition** to this application please send a brief **letter of recommendation** from one of the following: Rabbi, Cantor, Education Director, Youth Director, or Youth Advisor. Recommendations should be mailed to NERUSY or emailed to scholarships@nerusy.org.

NAME _____ CHAPTER _____

ADDRESS (street, city, state, zip) _____

USYer EMAIL _____ USYer Cell: _____

GRADE _____ NUMBER OF YEARS IN USY _____

PARENT NAME: _____ PARENT EMAIL: _____

PARENT/GUARDIAN OCCUPATION(S) _____

OTHER CHILDREN IN FAMILY & GRADE(S) IN SCHOOL _____

NAME OF ADVISOR &/OR YOUTH DIRECTOR _____

1. Please describe your financial need:

2. Please describe your involvement with USY and/or in the Jewish community at large. Include USY offices and positions held, conventions attended, etc.

3. Please let us know why you want to attend this particular USY program, and explain why you should be considered for the Joyce Juda Scholarship.

Parent/Guardian Signature _____ USYer Signature _____

Please return your application and letter of recommendation to:
NERUSY ALUMNI & FRIENDS SCHOLARSHIP COMMITTEE
385 Ward Street, Newton, MA 02459 or to scholarships@nerusy.org

**ONLY COMPLETED APPLICATIONS (INCLUDING THE REQUIRED RECOMMENDATION)
RECEIVED BY THE OCT. 22nd: DEADLINE WILL BE CONSIDERED.**