

**SCHOLARSHIP REQUEST FOR REGIONAL EVENT**  
**INSTRUCTIONS:**

Please complete all information on this form and submit (by mail or fax) as soon as possible to:

Norman Glikin Scholarship Committee  
United Synagogue of Conservative Judaism  
1090 King Georges Post Rd. Suite 1003  
Edison, NJ 08837  
Fax # 732-738-4304

Name of Child \_\_\_\_\_  Kadima  USY Grade: \_\_\_\_\_

Address \_\_\_\_\_  
City \_\_\_\_\_ Zipcode \_\_\_\_\_

Parents' names (*please print!*) \_\_\_\_\_

Day Phone # \_\_\_\_\_ Evening Phone # \_\_\_\_\_

Chapter \_\_\_\_\_ Advisor \_\_\_\_\_

Regional Event \_\_\_\_\_ Amount Requested \$ \_\_\_\_\_

Have you contacted your Synagogue to check for subsidies or scholarships? \_\_\_\_\_ What was the synagogue's response? \_\_\_\_\_

Please explain the extenuating circumstances for this request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe your child's involvement in Kadima/USY on the chapter and regional level: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total household income:

___	Less an \$25,000	___	\$26,000-\$40,000	___	\$41,000-\$60,000
___	\$61,000-\$80,000	___	\$81,000-\$100,000	___	Over \$100,000

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

**For office use only - Please do not write below this line.**

.....  
Amount Approved by Scholarship Committee \_\_\_\_\_ Date confirmation letter sent \_\_\_\_\_  
Approved by: \_\_\_\_\_

Dear Parent:

This is in response to your recent request for a Kadima/ USY scholarship. Limited funds are available through the Norman Glikin Scholarship Fund. The awards are based on financial need (based on the information supplied by you in the enclosed application) also taking into consideration your child's involvement in our programs throughout the year.

Please complete this application and return it to our office as soon as possible. Only completed applications will be considered.

Sincerely,

Sebley Hausler

Anthony Winston  
Norman Glikin Scholarship Fund