

Max and Cecilia Rosenheimer Camp Scholarship Fund Application

Name of Camper _____

Parent/Guardian Name(s) _____

Email Address _____ Phone _____

Street _____

City _____ State _____ Zip _____

Summer Camp your child will be attending

Date(s) of Summer Camp Session(s) ____/____/11 to ____/____/11

Cost of attending camp _____

Other scholarships and financial assistance for which you are applying:

Please briefly explain your need for financial assistance

Applications must be received by Friday, March 18, 2011. Please either mail or email your completed application to:

**Rabbi Shalom Bochner, Director of Lifelong Learning
Congregation Netivot Shalom
1316 University Avenue
Berkeley, CA 94702**

[Questions? Call 510-549-9447, ext. 104, education@netivotshalom.org.](mailto:education@netivotshalom.org)