

Your name in case pages get separated: _____

MOSAIC Outdoor Clubs of America

2015 Scholarship Applicant Information

Personal Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State/Prov* *ZIP/Postal Code*

Home Phone: _____ Alternate Phone: _____

Local Club: _____

If None, Why? : _____

Have you been to a MOSAIC event in the past? YES/NO

Which events: _____

Briefly explain why you need a scholarship

Estimate of your total costs to attend the event (inc. transportation, activity costs, etc.)? \$ _____

Note: Scholarships are based on the cost of attending the basic event only and do not include money for transportation, activity fees, etc.

Would attend if you are granted a partial scholarship? _____

Background

Are you willing to volunteer at the event or on a committee during the year? YES/NO

In what capacity/area (examples would be registration, activity leader, religious committee, sharing any special talents such as knowledge of the outdoors, astronomy, etc.)? _____

Your name in case pages get separated: _____

Why do you want to attend the event? _____

What can the MOSAIC organization gain from your attendance? _____

A recommendation from your local club or another Jewish Organization would be helpful but is not required. Please either attach a written recommendation or provide us with contact information for a recommendation if you wish to provide one.

Name: _____

Title/Role: _____

Organization: _____

Phone Number: _____

e-mail address: _____