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.)? ____________________________
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: _______________________________________

Your name in case pages get separated: ______________________________________________________________