

**JOYCE JUDA SCHOLARSHIP
SPRING CONVENTION SCHOLARSHIP APPLICATION FORM**

PLEASE COMPLETE IN FULL - DEADLINE DATE: RECEIVED BY FRIDAY, APRIL 5, 2013
Please note: funds are limited.

NAME _____ CHAPTER _____

ADDRESS (street, city, state, zip) _____

EMAIL ADDRESS: _____ CELL PHONE: _____

AGE _____ GRADE _____ NUMBER OF YEARS IN USY _____

PARENT/GUARDIAN OCCUPATION(S) _____

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

NAME OF ADVISOR &/OR YOUTH DIRECTOR _____

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

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
1320 Centre Street, Suite 304, Newton, MA 02459 or to scholarships@nerusy.org
**ONLY COMPLETED APPLICATIONS (INCLUDING THE REQUIRED RECOMMENDATION)
THAT ARE RECEIVED IN THE OFFICE BY THE DEADLINE WILL BE CONSIDERED.**