

**Scholarship Opportunity**:

Shoshanah Campus makes every effort to award financial aid when circumstances require it. The vast majority of resources are dedicated to those with financial need *and* based on merit. Your application is reviewed in confidence, and we make award decisions based on the information you provide in this application. Scholarship money will be paid directly to Shoshanah Campus, not the student.

Monies for our scholarships come from donations, so that those serious in their desire to learn about the Scriptures and Messiah, through a Jewish perspective, may benefit from our summer program. The amount available will vary from year to year. You must be willing to pay a percentage of your total tuition and are strongly encouraged to help raise funds for attending the summer program from outside resources, in addition to those that may be provided by Shoshanah Campus. Only one scholarship will be given per family. Exceptions may be made for Pastors/Missionaries depending on scholarship money available.

**Qualifications**:

* Applicant must be at least 18 years of age
* Applicant must be faithfully attending and serving in a local church/congregation
* Applicant needs to be a serious student of the Scriptures ready to learn from a Jewish perspective
* Applicant must supply Shoshanah Campus with 2 references from their:
	+ - Pastor
		- Elder
		- Teacher
* Applicant must be able to help pay for their tuition, room & board not covered by any awarded scholarship

After completing your application, please send it *and* your references by e-mail to shoshanahcampus@ariel.org, fax to (518) 834-7598 or mail to Shoshanah Campus, 838 Trout Pond Rd, Keeseville, NY 12944.

Questions? Call (518) 834-6057 or e-mail shoshanahcampus@ariel.org



**APPLICATION**

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Church/Congregation Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you been a believer? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you attended Shoshanah Campus’ summer program before? (Please circle) Yes / No

 If so, what years? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If this is your first time to attend, how did you hear about us? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Why are you interested in attending Shoshanah Campus’ summer program?
2. Briefly describe your goals/what you hope to do with what you will learn, if awarded a scholarship.
3. Please state why you need or would like a scholarship.