

APPLICATION FORM
Maurice Amado Merit Award Fund
Jewish Experience Program Award
Sephardic Temple Tifereth Israel

I. Applicant Information

Name	Last	First	Middle	Age
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Address	No. and Street	City	State and Zip
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Phone	Area code and number	Birthdate	Month	Day	Year
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Father's Name	Last	First
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Mother's Name	Last	First
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Parents are Sephardic Temple members in good standing? Yes No

Applicant is Sephardic Temple member in good standing? Yes No

II. Jewish Experience Program Information

Type of experience: Jewish day camp Jewish residential camp

Israel program Other organized and supervised Jewish program

Name of camp or program

Address of camp or program

Phone number of camp or program

Dates of attendance	Beginning date	Ending date
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A photocopy of your completed application to the camp or program you have selected must be attached to this application form.

