



WWW.YACHADTOURS.COM — YACHADTOURSKTS@GMAIL.COM — 845.467.7742 10 AM - 2 PM

## SCHOLARSHIPFORM

### APPLICANT INFORMATION:

NAME:

DOB:

ADDRESS:

HIGH SCHOOL ATTENDED:

APPLYING FOR:     CAMP     ISRAEL TOUR     POLAND TOUR     POLAND ISRAEL

### PARENT INFORMATION:

DID YOU EVER HAVE A DAUGHTER IN A YACHAD PROGRAM BEFORE?

IF YES, NAME AND YEAR SHE CAME

FATHER'S OCCUPATION:

MOTHER'S OCCUPATION:

WHAT IS YOUR COMBINED ANNUAL INCOME?

FAMILY SIZE?

ARE THERE ANY SPECIAL CIRCUMSTANCES AT HOME?

*\*There are a limited amount of scholarships available, to be distributed of a first-come first-serve basis. Please email this form together with your application to [yachadtourskts@gmail.com](mailto:yachadtourskts@gmail.com).*