

Congregation B'nai Israel  
Camp Shelanu Scholarship Fund  
Application

Date of Application: \_\_\_\_\_

***Please fill out application in blue or black ink.***

Child's Name: \_\_\_\_\_ Grade/Age: \_\_\_\_\_

Parents / Guardians: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Camp Session / Dates: \_\_\_\_\_

Please be assured that your application will remain confidential. Please clarify your needs:

---

---

---

---

---

---

---

---

**Send to:**  
Congregation B'nai Israel  
Attn: Camp Shelanu  
3600 Riverside Boulevard  
Sacramento, CA 95818  
Fax: 446-2875