

Your name in case pages get separated: \_\_\_\_\_

## MOSAIC Outdoor Clubs of America

### 2017 Scholarship Applicant Information

#### Personal Information

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_ *City* *State/Prov* *ZIP/Postal Code*

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Local Club: \_\_\_\_\_

If None, Why? : \_\_\_\_\_

Have you been to a MOSAIC event in the past? YES/NO

Which events: \_\_\_\_\_

#### Briefly explain why you need a scholarship

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Estimate of your total costs to attend the event (inc. transportation, activity costs, etc.)? \$ \_\_\_\_\_

Note: Scholarships are based on the cost of attending the basic event only and do not include money for transportation, activity fees, etc.

Would attend if you are granted a partial scholarship? \_\_\_\_\_

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## Background

Are you willing to volunteer at the event or on a committee during the year? YES/NO

In what capacity/area (examples would be registration, activity leader, religious committee, sharing any special talents such as knowledge of the outdoors, astronomy, etc.)? \_\_\_\_\_

Why do you want to attend the event? \_\_\_\_\_

What can the MOSAIC organization gain from your attendance? \_\_\_\_\_

A recommendation from your local club or another Jewish Organization would be helpful but is not required. Please either attach a written recommendation or provide us with contact information for a recommendation if you wish to provide one.

Name: \_\_\_\_\_

Title/Role: \_\_\_\_\_

Organization: \_\_\_\_\_

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

e-mail address: \_\_\_\_\_