



## JLI Scholarship Application

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

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

JLI course seeking to attend: \_\_\_\_\_

Date of 1<sup>st</sup> class seeking to attend: \_\_\_\_\_

JLI Affiliate City (seeking to attend): \_\_\_\_\_

Reason applying for scholarship: \_\_\_\_\_

\_\_\_\_\_

I am applying for the \$18, JLI Scholarship:

I am applying for a scholarship, but I am willing to pay: \$ \_\_\_\_\_  
(more than \$18)

I am applying for my spouse as well. Spouse's name: \_\_\_\_\_

Signature: \_\_\_\_\_

Please fax back to: 1877.835.6090  
or email it to Rabbi@JewishOrlando.com