

EMANUEL SYNAGOGUE  
900 N.W. 47<sup>TH</sup> STREET – Oklahoma City, Oklahoma 73118  
THE ANNIE AND ISAAC BLOOM EDUCATIONAL FUND  
APPLICATION FORM  
(A separate application *MUST* be filled out for EACH child for EACH function)

Name of Applicant: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Purpose of Request: (check only one) Member of Emanuel Synagogue since: \_\_\_\_\_

\_\_\_\_ Emanuel Synagogue Hebrew School

\_\_\_\_ Camp Chaverim

\_\_\_\_ ICSS Sunday School

\_\_\_\_ Judaica Summer Camp

\_\_\_\_ Higher Education (Judaica)

\_\_\_\_ Youth Group Activity

\_\_\_\_ Other (please describe) \_\_\_\_\_

Name of Program: \_\_\_\_\_ Total Cost of Program: \_\_\_\_\_

Have you received any other scholarship or grant money for this program? \_\_\_\_ Yes \_\_\_\_ No Amount: \$ \_\_\_\_\_

Dates of Program: \_\_\_\_\_ Location of program: \_\_\_\_\_

**Verification of charges from the program provider must be attached.**

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

*\*The Bloom Education Fund Committee will determine the amount of financial assistance (if any) to be granted\**  
\*\*\*\*\*Do Not Write Below This Line\*\*\*\*\*

Date Received: \_\_\_\_\_ Date Processed: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Date Letter Sent: \_\_\_\_\_ Amount Awarded: \_\_\_\_\_