

TAS AVODAH SCHOLARSHIP REDEMPTION FORM

Please describe what you have gained from your Avodah experience:

Student/Parent information:

STUDENT NAME: _____ PARENT NAME: _____

STUDENT PHONE: _____ PARENT PHONE: _____

STUDENT E-MAIL: _____ PARENT E-MAIL: _____

Program Information:

PROGRAM NAME: _____

CONTACT NAME: _____

PROGRAM ADDRESS: _____

CITY, STATE, ZIP: _____

PROGRAM/CONTACT PHONE NUMBER: _____

Scholarship information:

AMOUNT REQUESTED: _____

For Avodah Chair use only:

YEAR: _____ HOURS WORKED: _____ SCHOLARSHIP EARNED: _____

YEAR: _____ HOURS WORKED: _____ SCHOLARSHIP EARNED: _____

YEAR: _____ HOURS WORKED: _____ SCHOLARSHIP EARNED: _____

YEAR: _____ HOURS WORKED: _____ SCHOLARSHIP EARNED: _____

For Office only:

DIRECTOR APPROVAL: _____

DATE SCHOLARSHIP SENT: _____