Beth Torah
BENNY ROK CAMPUS

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Edwin Farber
Rabbi Emeritus
Marcos Askenazi
Cantor
Annie Rojzman
Soloist
Dr. Max A. Lipschitz z"l
Founding Rabbi

Jill Koch
Executive Director
Sandra Kopp, M.S.
Director of
Early Childhood Education
Dr. Gabriela Rascovsky
Director of Lifelong Learning
Jeni Buchholz
Director of Youth and
Family Programming
Diana Garcia
Director of Finance

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Executive Vice President/
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BETH TORAH BENNY ROK CAMPUS

2026-2027 FOUNDATION SCHOLARSHIP APPLICATION (FOR MEMBERS ONLY)

Please fill out this form and return it via email to: jkoch@btbrc.org,
Subject: 2026-2027 Scholarship Application

Deadline for applications is February 1, 2027.

Name: _____ Phone: _____

Email address: _____ Cell Phone:_____

Address: _____ City: _____ State:_____

Zip Code: _____ Current Grade: _____

Are your parents members of Beth Torah? _____

Parent's Name: _____ Other Parent's Name: _____

Parent's Number: _____ Other Parent's Number: _____

Please specify the name of the program you would like to attend: _____

Start Date of Program: _____ End Date of Program: _____

A meeting with a member of the clergy must take place prior to February 28, 2027.

On a separate sheet of paper, please tell us:

1. Why are you attending this program?

2. What do you expect to gain from the experience?

Please read and sign below:

By receiving a Foundation scholarship, I understand that I will be **required** to do the following:

1) Write a thank you note to Beth Torah and the Donors of the Foundation Fund.

2) Speak to our congregation about the experience.

3) GIVE BACK TO BETH TORAH-Participate in service projects, for example:

   a) Attend Religious Services.

   b) Volunteer to help at a Beth Torah Congregation, Sisterhood, Men's Club or Social Action Event.

   c) Beth Torah service hours

   d) Other (please explain): _____

Finally, I understand that I am representing Beth Torah Benny Rok Campus at all times and that my participation and cooperation are expected to be of the highest level.

Applicant's Signature: _____ Date: _____

Parent's Signature: _____Date: _____

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For Foundation use only.

Application received: _____ Interviewed: _____ Amount Allocated: _____

*This is a scholarship that will be awarded to 501C3 organizations