



# Auerbach Central Agency for Jewish Education Application for Workshop Stipend

Date: \_\_\_\_\_

**PLEASE PRINT CLEARLY**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (work): \_\_\_\_\_ Phone (home): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

School: \_\_\_\_\_ Grade(s) Taught: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

1. **List the Auerbach Central Agency for Jewish Education professional development programs** you have attended during the school year (September – June). The annual community-wide conference for Supplementary School, Early Childhood and Special Needs Educators cannot be included. July and August workshops can apply toward the previous or upcoming year's stipend.

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2. Attach **photocopies of the certificates of participation** that you received at the completion of each workshop.
3. Please **mail this completed application and copies of the certificates by August 1** of this year to:

**Stipend Request  
Auerbach Central Agency for Jewish Education  
7607 Old York Road  
Melrose Park, PA 19027**

