

Application for Scholarship of Jewish Chaplaincy Training

Internationally Accredited & Recognized Programs

in honor of Avraham Dov and Esther Hadas Kohn zt"l

Name:

Address:

Email:

Clinical site of CPE program:

Name of supervisor:

Accredited through: a) ACPE (b) CPSP

Cost of program: \$

How and why would I benefit from an accredited CPE program? (Use an additional sheet if necessary)

How did you hear about this program?

Please return to ylebovic@gmail.com or mail to:

Rabbi Yeheskel Lebovic 2730 Ekers Ave. Montreal QC H3S1E3