



# FINANCIAL AID APPLICATION

Due with Enrollment Program

Incomplete Application will not be considered.

All applications must include COMPLETE current Tax documents & W-2.

Submission of application must be made by appropriate deadline.

Name of Applicant \_\_\_\_\_

Home Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Social Security \_\_\_\_\_

Do you belong to a synagogue?  Yes  No If yes, which one: \_\_\_\_\_

How did you hear about this scholarship?  Newspaper ad  Friend  Synagogue  Other \_\_\_\_\_

Name of Israel Program \_\_\_\_\_ Cost of Program \_\_\_\_\_

Trip Provider Sponsoring Israel Program (NFTY, USY<JCC, etc.) \_\_\_\_\_

Israel Program Contact Person \_\_\_\_\_ Date of Program \_\_\_\_\_

U.S. Address of Israel Program (mandatory) and IRS Tax ID #501c3 \_\_\_\_\_

Has applicant been on an organized program in Israel?  Yes  No

List Names and Years \_\_\_\_\_

## YOUR FAMILY (Attach additional sheet, if needed.)

Sibling's Name \_\_\_\_\_ Current Grade \_\_\_\_\_

Sibling's Name \_\_\_\_\_ Current Grade \_\_\_\_\_

Sibling's Name \_\_\_\_\_ Current Grade \_\_\_\_\_

Parents are:  Married  Separated\*  Divorced\*  Single (Never Married)  Widowed

Applicant lives with:  Both Parents/Guardians  Mother/Guardian 1  Father/Guardian 2

### PARENT/GUARDIAN 1

### PARENT/GUARDIAN 2

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

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

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

Home Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Home Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Position \_\_\_\_\_

Position \_\_\_\_\_

Years w/Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Years w/Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Self-Employed?  Yes  No

Self-Employed?  Yes  No

If Unemployed, Date Unemployed \_\_\_\_\_

If Unemployed, Date Unemployed \_\_\_\_\_

Gross Salary Before Unemployed \_\_\_\_\_

Gross Salary Before Unemployed \_\_\_\_\_

Former Profession \_\_\_\_\_

Former Profession \_\_\_\_\_

### OFFICE USE ONLY

Date Received \_\_\_\_\_

Current Tax Return \_\_\_\_\_

Israel Program \_\_\_\_\_

Partner:  Yes  No

**YOUR FINANCIAL AID REQUEST**

Have you received financial aid from The Jewish Federation in the past?  Yes  No

From what other sources are you seeking financial aid for your Israel Program? Please contact as many sources as possible.

Organization	Phone	Contact	Amount Expected

HOW DO YOU PLAN TO COVER THE COST OF THE PROGRAM?

Non-Federation Subsidy Total

A. Total Program Expense .....▶

B. Family can afford (Scholarships are based on the expectation that families contribute.) .....▶

C. Non-Federation subsidies (Total From Organization List Above) .....▶

D. Total lines B and C .....▶

FINANCIAL AID REQUEST FROM FEDERATION/BJE (subtract line D from line A) .....▶

**1. FAMILY ASSET AND LIABILITY INFORMATION**

STATEMENT OF TOTAL CASH (Attach additional sheet, if needed.)

Type of Account	Present Balance
Checking .....▶	
Savings/CD's .....▶	
Trust .....▶	
Total Stocks, Bonds and Mutual Funds .....▶	
Other .....▶	
<b>Total</b>	

**2. STATEMENT OF PERSONAL RESIDENCE AND OTHER REAL ESTATE (Attach additional sheet, if needed.)**

Type of Account	Year Acquired	Original Cost	Current Value	Loan Balance	Monthly Payment
A. Personal Home (1st)					
B. Personal Home (2nd Mortgage)					
C. Second Home/Timeshare					
D. Investment Property					
<b>Total</b>					

3. STATEMENT OF RETIREMENT FUNDS (Attach additional sheet, if needed.)

Type	Original Value	Current Value
Total Pension Plan		
Total IRA Account (401k, 403b?)		

4. STATEMENT OF PERSONAL VEHICLE(S) (Attach additional sheet, if needed.)

Year	Own/Lease	Make & Model	Original Cost	Current Value	Loan Balance	Monthly Payment
Total						

5. STATEMENT OF PERSONAL LOANS/CREDIT CARD DEBTS, MEDICAL AND OTHER LIABILITIES (Attach additional sheet, if needed.)

Creditor's Name	Type of Organization	Current Balance	Monthly Payment
Total			

6. STATEMENT OF CURRENT SCHOOL TUITION (If applicable, entire family; attach additional sheet, if needed.)

Child's Name	Relationship to Applicant	School Name	Grade Level	Full Tuition Amount	Room & Board (if not included)	Financial Aid Amount	Parent(s) Monthly Payment
Total							



8. FAMILY INCOME/EXPENSE INFORMATION

B. EXPENSE

CURRENT MONTHLY EXPENSES (Put 0 in boxes that do not apply.)

Rent —or—  Mortgage  
Must indicate. Please include all properties listed in Statement 2.

Association Dues

Homeowner's Taxes  
(Not Included in Mortgage Payment)

Homeowner's Insurance

Medical Insurance

Automobile Insurance

Life & Disability Insurance

Utilities (Telephone, Cable, Gas, etc.)

Food & Household Supplies

Gas, Oil, Auto Repairs, Local Transportation

Clothing, Entertainment, Miscellaneous

Alimony or Child Support Paid

Medical & Dental (Not Covered by Insurance)

Monthly Loan Payments  
(From Statements 4 and 5)

Monthly School Payments (From Statement 6)

School-Related Expenses (Average Per Month)

Other

Other

Other

Subtotal Monthly Expenses

TOTAL ANNUAL EXPENSE (Subtotal above x 12)