

to be completed by parents or guardian

NameDate.....

Address.....

Marital Status: Married Divorced Separated Single Widowed

Does applicant work?.....

Father's occupation:

① Annual income before taxes from salary or business \$

Mother occupation:.....

② Annual income before taxes from salary or business \$

• Annual income from:

Investment: (stocks, savings, bonds, rents) \$

Social Security Benefits \$

VA benefits \$

Other \$

③ **Sub-Total** \$

④ **Gross Income** (lines 1+2+3) \$.....

• Unusual expenses:

Outstanding debts \$

Doctor/Hospital Expenses \$

Other \$

⑤ Total expenses \$

⑥ **Net Income** (line 4 minus line 5) \$.....

• Number in family living at home:

Cost of program \$

Fare add-on \$

Total Cost \$

Amount family can afford \$

Financial assistance needed \$

* A complete copy of your most recent tax return (including all schedules) must accompany this form. It will be kept confidential in the local March of The Living office

FOR OFFICE USE ONLY

Name of applicantIdentification #Parents name.....

Scholarship amount awarded.....Amount due from applicantComments.....

.....

Application #

I.	Cost of Program	<u>Amount</u>	
	Fees	\$	
	Air Fare	\$	
	Miscellaneous	\$	
	Total		\$

II.	How do you plan to cover cost?	<u>Amount</u>	
	A. Parents	\$	
	B. Employment	\$	
	C. Savings	\$	
	D. Loan	\$	
	E. Other Subsidies	\$	
	F. Synagogue Subsidy	\$	
	Please make sure to list any additional sources of subsidy that you may receive.	\$	
	Total		\$

Please be advised that we receive many requests for scholarships and are not always able to assist everyone due to limited available community funds.

III. Minimum financial assistance request from your local office that will enable you to attend the program:
 \$.....

Many times the committee looks at the applicant's commitment to community involvement when reviewing scholarship requests. Would the applicant be available to do volunteer work in the Jewish community after the summer?