



**Jewish Federation**  
OF NORTHEASTERN NEW YORK

## Scholarship Application for Jewish Continuity Programs

Scholarship Committee Chair  
Robert Crystal

Scholarships will be based on financial need and given to children from the Northeastern New York Jewish community to participate in programs that provide Jewish enrichment and promote Jewish continuity.

**The deadline for applications and attachments is Friday, February 23, 2024.**

***Please submit your application with all attachments as early as possible.***

*The process runs so much more smoothly when we receive the information early.*

Your cooperation is very much appreciated.

**(Please print or type.)**

Applicant's Name \_\_\_\_\_ Gender \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

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

Home phone \_\_\_\_\_ E-mail \_\_\_\_\_

Synagogue affiliation \_\_\_\_\_ Rabbi \_\_\_\_\_

Parents' marital status (Please check one.) ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

Parent's Name \_\_\_\_\_ Phone (Home) \_\_\_\_\_ Cell \_\_\_\_\_

Address (if different from applicant's) \_\_\_\_\_

E-mail \_\_\_\_\_ Occupation \_\_\_\_\_

Place of work \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Parent's Name \_\_\_\_\_ Phone (Home) \_\_\_\_\_ Cell \_\_\_\_\_

Address (if different from applicant's) \_\_\_\_\_

E-mail \_\_\_\_\_ Occupation \_\_\_\_\_

Place of work \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_

With whom does the applicant reside? \_\_\_\_\_

Sibling(s) names \_\_\_\_\_ Age(s) \_\_\_\_\_

Sibling(s) attending camp or Israel program this summer/year \_\_\_\_\_

Please check the scholarship you are applying for:

☐ Camp      ☐ Israel Summer Program      ☐ Israel Year Program      ☐ Other \_\_\_\_\_

If scholarship is awarded, name of program, camp, or school to which check should be payable:

\_\_\_\_\_

If scholarship is awarded, correct mailing address of program, camp, or school to which check should be sent:

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Director \_\_\_\_\_

E-mail address \_\_\_\_\_

Length of program \_\_\_\_\_ Cost of program \$ \_\_\_\_\_ Amount requesting \$ \_\_\_\_\_

Other scholarships for which you are applying \_\_\_\_\_ For how much? \$ \_\_\_\_\_

Jewish education \_\_\_\_\_

Other activities \_\_\_\_\_

For Israel program applicants: Has applicant ever been to Israel? \_\_\_\_\_ If yes, what were the circumstances?

\_\_\_\_\_

\_\_\_\_\_

**Please include the following with your application:**

- **A copy of the most recent complete federal income tax return, including all schedules (The committee requires tax returns from all parents, stepparents, and adults with whom the applicant resides, even if there is no support obligation).**
- **Statement of any other income or assets that are available to the household in which the applicant resides without regard to legal responsibility.**
- **Whether or not you own a second home.**
- **A list of all models and ages of family automobiles.**
- **On a separate sheet, please provide us with information that will help us determine that your request for scholarship is based on financial need. The Committee may require an interview and/or further support of financial need.**
- **Letters or essays in support of application are welcome.**

Parent's signature \_\_\_\_\_ Date of application \_\_\_\_\_

**Please submit your application with all attachments AS EARLY AS POSSIBLE!**  
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**FEBRUARY 23, 2024!**

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