



## **Joe and Sylvia Rothbard Family Israel Youth Experience Grant Application**

**Applications must be postmarked/submitted by March 1<sup>st</sup> for any  
Israel youth experience occurring in the calendar year.**

Please answer all questions completely. This is a need-based grant and the information received is treated with the strictest confidentiality.

Israel youth experience grant criteria:

- Grants will be awarded to campers in grades 6-12
- The applicant must be a resident of the greater Indianapolis Jewish community
- Camps must have a mailing address in the United States

Complete this application, sign, date and submit with the following:

- Trip invoice
- Full copy of previous year's tax return
- W-2 for the current tax year

Please send your grant application with all attachments by email or mail.

Jewish Federation of Greater Indianapolis  
Attention: Scholarships and Grants  
6705 Hoover Road, Indianapolis, IN 46260  
[scholarships@jfgi.org](mailto:scholarships@jfgi.org)

If you are awarded a grant, JFGI will send funds directly to the trip vendor upon receipt of all information.



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**Applications must be postmarked/submitted by March 1<sup>st</sup> for any Israel youth experience occurring in the calendar year.**

### PARTICIPANT INFORMATION

Name: \_\_\_\_\_  
(First) (Middle Initial) (Last)

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

City, State, ZIP: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Present grade in school: \_\_\_\_\_ [ ] Public School, or [ ] Private School

School name: \_\_\_\_\_

### TRIP INFORMATION

Israel trip/program that you plan to attend: \_\_\_\_\_

Have you applied?  Yes  No Have you been accepted?  Yes  No

Trip Vendor: \_\_\_\_\_

Vendor Website: \_\_\_\_\_

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

Vendor City, State, ZIP: \_\_\_\_\_

Vendor Contact Person: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Dates of Israel Trip/Program: From \_\_\_\_\_ To \_\_\_\_\_



## COST/FUNDING INFORMATION

Please make sure to fill this section out completely. Incomplete applications will not be reviewed. Costs and funding MUST balance.

\* Please include the trip invoice confirming registration and showing the cost of the program.

### Costs

### Funding

Trip/program cost: \$ \_\_\_\_\_

Parent/Guardian Contribution: \$ \_\_\_\_\_

Transportation: \$ \_\_\_\_\_

Congregation Contribution: \$ \_\_\_\_\_

Other Fees (specify): \_\_\_\_\_

Other Sources (discounts, etc.): \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Amount requested from JFGI: \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Total: \$ \_\_\_\_\_

Total: \$ \_\_\_\_\_

Has your family received financial assistance for trips in previous years?  Yes  No

If yes, please list the amount, year and source of assistance.

Amount: \_\_\_\_\_ Year: \_\_\_\_\_ Source of Assistance: \_\_\_\_\_

Amount: \_\_\_\_\_ Year: \_\_\_\_\_ Source of Assistance: \_\_\_\_\_

Amount: \_\_\_\_\_ Year: \_\_\_\_\_ Source of Assistance: \_\_\_\_\_

## FAMILY INFORMATION

\* Please include a full copy of your W-2 and previous year's income tax return. We request that you not just attach the first page but provide full financial documentation for both your W-2 and previous year's income tax return.

Applications without these documents will not be reviewed.

### Parent/Guardian #1 (Required)

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



Phone: \_\_\_\_\_

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

City, State, ZIP: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Total income, previous year: \$ \_\_\_\_\_ Estimated income, current year: \$ \_\_\_\_\_

Annual total income before taxes (including salaries, interest and dividends,  
unemployment compensation, non-taxable income, trust funds, social security benefits, etc.)

**Parent/Guardian #2 (If applicable)**

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

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

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

City, State, ZIP: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Total income, previous year: \$ \_\_\_\_\_

Estimated income, current year: \$ \_\_\_\_\_



Total number of children in family: \_\_\_\_\_

Please list all children in family:

Name	Age	School	Grade/Year	Public/Private	Tuition cost paid by family
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

If your family has come to the United States from another country, please indicate the following:

Country of origin: \_\_\_\_\_

Date of arrival in the United States (Month/Year): \_\_\_\_\_

Synagogue Information (if applicable)

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

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

City, State, ZIP: \_\_\_\_\_

Parents' Marital Status:  Married  Divorced/Separated  Widowed  Both deceased

If divorced or separated, complete the following:

Date of divorce/separation (month/year): \_\_\_\_\_

Custodial parent: \_\_\_\_\_

Who claimed the trip participant as a tax dependent in previous year? \_\_\_\_\_

Amount of child support received for all children in previous year: \$ \_\_\_\_\_

Amount of alimony received in previous year: \$ \_\_\_\_\_





**Application Acknowledgement**

**I/We have reviewed this application and affirm that the information provided is complete and correct to the best of my/our knowledge.**

\_\_\_\_\_  
Signature of Parent/Guardian #1

\_\_\_\_\_  
Printed name of Parent/Guardian #1

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian #2

\_\_\_\_\_  
Printed name of Parent/Guardian #2

\_\_\_\_\_  
Date



## **Policies and Procedures Acknowledgement**

Parents/Guardians – please read carefully, sign the bottom of these procedures, and return it with your application. We recommend that you keep a copy for your records.

The Jewish Federation of Greater Indianapolis (JFGI), in cooperation with the Joseph and Sylvia Rothbard family, provides a limited number of need-based grants to encourage youth to participate in supervised Israel experiences. Preference will be given to first time visitors to Israel.

The following criteria will apply:

- Grants will be awarded to campers in grades 3-12
- The applicant must be a resident of the greater Indianapolis Jewish community
- Grants will be sent directly to program/trip vendor, and must be sent to a mailing address in the United States

Rothbard grant applications will be accepted by JFGI until **March 1<sup>st</sup>**.

If the total of all scholarships, financial aid, or other financial support, including funds from the Rothbard grant, are greater than the total cost of the program (including fees and transportation) then the grant will be reduced so that the total package will be less than or equal to the total cost of the program.

JFGI retains the right to limit the number of grants given each year. Only one grant will be made per student. Applicants must use the grant in the year it is given for an organized Israel youth experience.

The difference in cost between the program chosen and the grant from JFGI will be the responsibility of the person requesting the grant. If the applicant is unable for any reason to attend the program and is entitled to a refund, the refund shall be applied first to repay JFGI to the extent of the grant.

Parents or guardians of students granted funds under this program release JFGI from any liability under any circumstances for any problems, and/or injury, etc., resulting from participation in the program chosen by the applicant.

JFGI reserves the right to make any changes without prior notice.

I/We understand and agree to these policies and procedures.

\_\_\_\_\_  
Signature of Parent/Guardian #1

\_\_\_\_\_  
Printed name of Parent/Guardian #1

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian #2

\_\_\_\_\_  
Printed name of Parent/Guardian #2

\_\_\_\_\_  
Date