



# **JFS COVID-19 Jewish Life Scholarship Application**

1. **Applicant Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:**

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2. **Person completing application (if different):** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:**

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3. **Number of people in your household?**

**Number of Adults:**

**Number of Children:**

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4. **Organization you are applying for funding to:**

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5. **Program you are applying for funding to:**

▪ **If "Other," please specify:** \_\_\_\_\_

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6. **Are you new to this program?    Yes    No**

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7. **Amount requested (up to \$2,500):** \_\_\_\_\_

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8. **How has COVID impacted your household finances?**

- **Due to COVID, the income for more than one member of my household has been impacted:    Yes    No**



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- **Please select all that apply for your household:**
  - Laid off
  - Reduced hours
  - Furloughed
  - Other
- **Please briefly describe how COVID has impacted your household finances:**

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9. **Would you like a social worker to contact you about additional resources that may be available to help during this time?**

**Yes**

**No**

**All information provided will be treated with the highest confidentiality and will be used only in the administration of funds in support of this scholarship.**

10. **I give JFGI permission to contact the agency on my behalf in order to administer COVID Scholarship Funds**

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11. **I verify information in this application is true and accurate**

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12. **E-signature:** \_\_\_\_\_

**Email this completed application along with an invoice from the institution to [lmoss@jfgi.org](mailto:lmoss@jfgi.org)**

**Thank you for your application. We will let you know if we have any additional questions. Once your application is approved, you will be notified and funding will be sent directly to the organization.**