



Joe and Sylvia Rothbard Family Israel Youth Experience Grant Application

Applications must be postmarked/submitted by March 1st 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:

- Israel grants will be awarded to individuals in grades 6-12
- The applicant must be a resident of greater Indianapolis and identify as a member of the Jewish community.
- Grants will be sent directly to the program/trip vendor.

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

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



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

Applications must be postmarked/submitted by March 1st 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: \$ _____



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:

- Israel grants will be awarded to individuals in grades 6-12
- The applicant must be a resident of greater Indianapolis and identify as a member of the Jewish community.
- Grants will be sent directly to the program/trip vendor.

Rothbard grant applications will be accepted by JFGI until **March 1st**.

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