



6705 Hoover Road  
Indianapolis, IN 46260-4120  
Phone: 317.726.5450  
Fax: 317.205.0307  
[www.jewishindianapolis.org](http://www.jewishindianapolis.org)

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

**Please submit this application by March 1st for all  
Israel Youth Experiences occurring in the calendar year.**

Please answer all questions completely. This is a need-based scholarship and the information received is treated with the strictest confidentiality. These scholarship requests are reviewed by a committee that meets in April

Israel Youth Experience Scholarship Criteria:

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

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

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



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## Joe and Sylvia Rothbard Family Israel Youth Experience Scholarship Application

**Applications must be postmarked/submitted by March 1st**

### PARTICIPANT INFORMATION

Name: \_\_\_\_\_ Sex:  M  F  
(First) (Middle Initial) (Last)

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

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

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

Present Grade in School: \_\_\_\_\_

### TRIP INFORMATION

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

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

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

Israel Trip/Program Vendor Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

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

## 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**

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

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

Other fees (specify):

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

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

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

### **Funding**

Parent contribution \$ \_\_\_\_\_

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

Other sources (i.e. discount, etc.)\$ \_\_\_\_\_

Amount requested  
from the Jewish Federation \$ \_\_\_\_\_

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: \_\_\_\_\_

## 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 #1/Guardian**

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

Phone: \_\_\_\_\_ Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation/Title: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Full Time or Part Time: \_\_\_\_\_ If part time, number of hours per week: \_\_\_\_\_

Annual Total Income Before Taxes (This including salaries, interest, and dividends, unemployment compensation, non-taxable income, trust funds, social security benefits, etc.)

Total income in 2020: \$ \_\_\_\_\_ Estimated total income in 2021: \$ \_\_\_\_\_

**Parent #2/Guardian**

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

Phone: \_\_\_\_\_ Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation/Title: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Full Time or Part Time: \_\_\_\_\_ If part time, number of hours per week: \_\_\_\_\_

Annual Total Income Before Taxes (This including salaries, interest, and dividends, unemployment compensation, non-taxable income, trust funds, social security benefits, etc.)

Total income in 2020: \$ \_\_\_\_\_ Estimated total income in 2021: \$ \_\_\_\_\_

Total Number of Children in Family: \_\_\_\_\_

Please list all children in family:

Name	Age	School	Grade/Year	Public or Private	Tuition Cost Paid by Family (2019-2020)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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

\_\_\_\_\_

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

### Parents' Marital Status

- Married  Widowed  
 Divorced/Separated  Both Deceased

If divorced or separated, complete (1) through (5).

(1) Date of Divorce or Separation (Month/Year): \_\_\_\_\_

(2) Custodial Parent: \_\_\_\_\_

(3) Who claimed participant as a tax dependent for 2020? \_\_\_\_\_

(4) Amount of child support received for all children in 2020: \$ \_\_\_\_\_

(5) Amount of alimony received in 2020: \$ \_\_\_\_\_

### Family's Synagogue Information

Synagogue name: \_\_\_\_\_

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

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

## Unusual Financial Circumstances

Please explain why a scholarship is needed. Is there any other information that may be helpful for us to know about? This might include unusual expenses you have had in the past year or are expected to have in upcoming year, significant changes in income in recent years or expected in the upcoming year, illness, housing, or employment difficulties, debts, support of aged relatives, etc. Please attach additional pages if needed.

We have checked this application and affirm that the information given is complete and correct.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



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## Policies and Procedures

Parents, 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 and the Rothbard family provide a limited number of need-based grants to encourage youth to participate in supervised Israel youth experiences. Preference will be given to first time visitors to Israel.

The following criteria will apply:

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

Rothbard Grant applications will be accepted until **March 1<sup>st</sup>** at the Jewish Federation of Greater Indianapolis (6705 Hoover Road, Indianapolis, Indiana 46260).

If the total of all financial aid, including funds from the Federation Scholarships Grant Program, 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 equal to, or less than, the total cost of the program.

The Jewish Federation of Greater Indianapolis retains the right to limit the number of grants given each year. Only one scholarship 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 the Federation 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 the Federation to the extent of the grant.

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

The Jewish Federation of Greater Indianapolis reserves the right to make any changes without prior notice.

We understand and agree to these policies and procedures.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date