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| jfed jpg logo transparent background 5603 South Braeswood Boulevard  Houston, TX 77096 | | | | | | | | | | | | | | | | | | | | | |
| **2017 Israel SCHOLARSHIP APPLICATION** | | | | | | | | | | | | | | | | | | | | | |
| Please return this application along with a signed copy of your most recently filed IRS forms to the Federation, by mail, email ([pwalden@houstonjewish.org](mailto:pwalden@houstonjewish.org)) or fax (713-721-6232). For questions, please call 713-729-7000, extension 309. All information is kept confidential. | | | | | | | | | | | | | | | | | | | | | |
| *Incomplete applications cannot be reviewed.* | | | | | | | | | | | | | | | | | | | | | |
| 1. **Teen’s** Name |  | | | | | | | | | | | | Male  Female | | | | | Age | |  | |
| 1. What is the name of the Israel program? | | | | | |  | | | | | | | | | | | | | | | |
| Length of program? | |  | | | Cost | | **$** |  | | | | | | | Travel Cost | | **$** | |  | | |
| Program **BEGINS** *(date)*? | | |  | | | | | | Program **ENDS** *(date)*? | | | | | | |  | | | | | |
| What is the program’s mailing **Address/City/State/Zip** to send scholarship funds? | | | | | | | | | | | | | | | | | | | | | |
| 1. What is the **RELIGION** of teen**\*?** | | | |  | | | | | | | | | | | | | | | | | |
| 1. Name of **SCHOOL** teen attends? | | | |  | | | | | | | | | | | | | **Grade** | | | |  |
| 1. Are you a member of a **CONGREGATION**? | | | | | | | | | | | **YES**  **NO** | | | | | | | | | | |
| If yes, what is the name of the congregation? | | | | | | | | | | | |  | | | | | | | | | |
| 1. Does the teen attend **RELIGIOUS SCHOOL?** | | | | | | | | | | **YES**  **NO** | | | | | | | | | | | |
| If yes, what is the name of the religious school? | | | | | | | | | | | | | |  | | | | | | | |
| 1. If you are an immigrant to the USA of **less** than 3 years, in what month and year did you arrive,   and what is your country of origin? | | | | | | | | | | | | | | | | | | | | | |

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| Supplemental Information | Page 2 | | | | | | | | | | | | | | | |
| 1. **FATHER** |  | | | | | | | Daytime Phone | | |  | | | | |
| Home Address/City/State/Zip | | | | | |  | | | | | | | | | |
| Employer | |  | | | | | | | Years Employed | | | | |  | |
| Occupation | | | |  | | | Current Annual Salary | | | | | | | **$** |  |
| Please explain any discrepancy between the current annual salary you are reporting and your adjusted gross income on your IRS Form 1040: | | | | | | | | | | | | | | | |
| Please list all other sources and amounts of income available *(parsonage allowance, investments, gifts, etc.)*: | | | | | | | | | | | | | | | |
| If unemployed, please explain: | | | | | | | | | | | | | | | |
| 1. **MOTHER** | | |  | | | | | Daytime Phone | | | |  | | | |
| Home Address/City/State/Zip *(If different from above)* | | | | | |  | | | | | | | | | |
| Employer | |  | | | | | | | Years Employed | | | |  | | |
| Occupation | | | | |  | | Current Annual Salary | | | | | | | **$** |  |
| Please explain any discrepancy between the current annual salary you are reporting and your adjusted gross income on your IRS Form 1040: | | | | | | | | | | | | | | | |
| Please list all other sources and amounts of income available *(parsonage allowance, investments, gifts, etc.)*: | | | | | | | | | | | | | | | |
| If unemployed, please explain: | | | | | | | | | | | | | | | |
| 1. How did you learn of the Federation’s scholarship program? | | | | | | | | | |  | | | | | |
| 1. Are you asingle parent family?  **YES→***Go to page 3*  **NO** **→***Go to page 4* | | | | | | | | | | | | | | | |

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| Single Parent Family | Page 3 | | | | | | | | | | | | | | | | | | |
| 1. Are you  Single  Separated  Divorced  Remarried  Widowed | | | | | | | | | | | | | | | | | | |
| 1. Are you the custodial parent of the teen?  **YES**  **NO** | | | | | | | | | | | | | | | | | | |
| 1. How much do you receive in **child support** **per month**? | | | | | | | | | | **$** |  | | | | | |  | |
| 1. Have you contacted the non-custodial parent for assistance paying the Israel program fees? | | | | | | | | | | | | | | | | | | |
| **YES** How much will the non-custodial parent contribute? | | | | | | | | | | | | | **$** |  | | | |  |
| **NO** Please explain: | | | | | |  | | | | | | | | | | | | |
| 1. If you are **REMARRIED**, please provide your **Spouse’s** information: | | | | | | | | | | | | | | | | | | |
| **SPOUSE** |  | | | | | | | | | | | | | | | | | |
| Employer |  | | | | | | | Occupation | | | |  | | | | | | |
| Years Employed | | |  |  | | | Current Annual Salary | | | | | | | | **$** | |  | |
| Please explain any discrepancy between the current annual salary you are reporting and your adjusted gross income on your IRS Form 1040: | | | | | | | | | | | | | | | | | | |
| Please list all other sources and amounts of income available *(parsonage allowance, investments, gifts, etc.)*: | | | | | | | | | | | | | | | | | | |
| If unemployed, please explain: | | | | | | | | | | | | | | | | | | |
| 1. If the teen is living with someone other than a parent, please provide the **Guardian’s** information: | | | | | | | | | | | | | | | | | | |
| **GUARDIAN** | |  | | | | | | | Daytime Phone | | | | | | |  | | |
| Home Address/City/State/Zip | | | | |  | | | | | | | | | | | | | |
| Employer |  | | | | | | | Occupation | | | |  | | | | | | |
| Years Employed | | |  | Current Annual Salary | | | | | | | | | | | **$** | |  | |
| Please explain any discrepancy between the current annual salary you are reporting and your adjusted gross income on your IRS Form 1040: | | | | | | | | | | | | | | | | | | |
| Please list all other sources and amounts of income available *(parsonage allowance, investments, gifts, etc.)*: | | | | | | | | | | | | | | | | | | |
| If unemployed, please explain: | | | | | | | | | | | | | | | | | | |

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| Supplemental Information | Page 4 | | | | | | | | | | | | | | | |
| 1. Do you own or rent your home?  **OWN**  **RENT** | | | | | | Monthly Mortgage/Rent | | | | | | | **$** |  | |
| 1. Please list **ALL** make, model and year of automobiles in your household: | | | | | | | | | | | | | | | |
| 1. How many dependent children do you have? | | | |  | | | Ages | | | |  | | | | |
| 1. How many children do you have in **COLLEGE**? | | | | | | | |  | | | |  | | | |
| College(s) |  | | | | | | | | | | | | | | |
| How much do you pay in annual college expenses? | | | | | | | | | | | | | **$** | |  |
| How much do you receive in scholarship assistance? | | | | | | | | | | | | | **$** | |  |
| How much do you receive from family or friends? | | | | | | | | | | | | | **$** | |  |
| How many children do you have in **PRIVATE SCHOOL**? | | | | | | | |  | | | |  | | | |
| 1. Private School(s) | |  | | | | | | | | | | | | | |
| How much do you pay in annual tuition costs? | | | | | | | | | | | | | **$** | |  |
| How much do you receive in scholarship assistance? | | | | | | | | | | | | | **$** | |  |
| How much do you receive from family or friends? | | | | | | | | | | | | | **$** | |  |
| 1. Has your family ever received an Israel scholarship from the Federation?  **YES**  **NO** | | | | | | | | | | | | | | | |
| If yes, in what year(s)? | | |  | | Amount(s) | | | | **$** |  | | | | | |
| 1. Will you receive a scholarship from the Israel program?  **YES**  **NO** | | | | | | | | | | | | | | | |
| If yes, how much will you receive? | | | | | | | | Amount(s) | | | | | **$** | |  |
| 1. How much are you able to pay towards the Israel program fees? | | | | | | | | | | | | | **$** | |  |
| 1. How much will family or friends pay towards the Israel program fees? | | | | | | | | | | | | | **$** | |  |
| 1. How much will the teen pay towards the Israel program fees? | | | | | | | | | | | | | **$** | |  |
| 1. What significant expenses are being incurred by your family that contributes to the need for a scholarship? Please be specific and list approximate dollar amount *(do* **NOT** *include expenses covered by insurance – do* **NOT** *include names)*: | | | | | | | | | | | | | | | |

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| Teen Profile (To be completed by the teen.) | | | | | | |
| Please describe your involvement in Jewish life: | | | | | | |
| Please describe your formal Jewish education (include schools and grades attended): | | | | | | |
| Please explain why you want to go to Israel: | | | | | | |
| Have you ever been to Israel? | | | | | | |
| **YES** | Date of Trip | |  | Length of Trip |  | |
| **NO** | | | | | | |
|  | | | | | | |
| Required Parent/Guardian Signature | | | | | | |
| I give my permission to the Jewish Federation of Greater Houston to share scholarship information and information relative to the applicant *(teen)* with the Israel program and other organizations that provide scholarships. | | | | | | |
| **Parent/Guardian** *Signature* | |  | | | **Date** |  |
| **\****The Jewish Federation of Greater Houston funds programs and organizations that benefit individuals and families regardless of their religion; however, when financial aid is provided on behalf of a specific individual, the individual must be Jewish.  This financial aid requirement is to honor the intent and expectation of the Federation’s donors with regard to these particular financial aid programs.* | | | | | | |
| *Funding for scholarships is made possible by donations to the*  *Jewish Federation of Greater Houston’s Annual Campaign* | | | | | | |