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| 2018 JF_Logo_2C to be used when small |
|  5603 South Braeswood Boulevard, Houston, TX 77096 |
| **2018-2019 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 (egarza@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 | **$** |       | Travel Cost | **$** |       |
| Date program **BEGINS** |       | Date program **ENDS**  |       |
| What is the program’s mailing address to send scholarship funds? |
|  **Address/City/State/Zip** |       |
| 1. Has the teen ever been to Israel?
 | [ ]  **YES** [ ]  **NO** |
|  If yes, in what year? |       | What was the length of the trip? |       |
| 1. Name of **SCHOOL** teen attends?
 |       | **Grade** |       |
| 1. What is the **RELIGION** of teen**\*?**
 |       |
| 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. Are you an immigrant to the USA of **less** than 3 years? [ ]  **YES** [ ]  **NO**
 |
|  If yes, in what month and year did you arrive? |       |
|  If yes, what is your country of origin? |       |
| 1. How did you learn of the Federation’s scholarship program?
 |       |
| 1. Are you a single parent family?[ ]  **YES** *(single parent families, please complete page 3)* [ ]  **NO**
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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:       |

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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? | **$** |       |
| 1. How much are you able to pay towards the Israel program fees?
 | **$** |       |
| 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:       |
| 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* |