**AHAVA SCHOLARSHIP APPLICATION**

Thank you for your interest in applying for a scholarship from the Jewish Federation of Greater Toledo (JFGT) to cover an expense related to the care of the applicant with special needs, including therapy, equipment, and/or continuing education for parents of a child applicant.

**Eligibility**

* Applicant must consider him/herself part of the Jewish tradition.
* Annual scholarships are available up to $1,500 per applicant with qualifying special needs. A cash award of $500 of the $1,500 is available per family per year.
* If there is more than one individual with special needs in a family, only one payment of $500 will be made to the family to avoid tax consequences.
* Scholarships are awarded to individuals of any age.
* Scholarships are awarded for future therapies, materials, and/or continuing education and will not be available for reimbursement of previous expenditures.
* Scholarships are dispersed directly to professional service providers or vendors on behalf of the awarded individual.
* All supporting documents/information must be included for the application to be considered by the committee, including an annual budget for the applicant’s expenses.
* The application must be signed by the applicant if 18 or over, or if applicable, applicant’s parent, guardian, or authorized representative.
* The application process is confidential.
* The application is reviewed by a committee of three members of the Jewish community who have expertise in individuals with special needs. The review process will include a determination of whether the applicant and requested use of funds are eligible for the scholarship award. The committee’s determination will be final.
* There is no guarantee that all requests will be approved by the committee.
* The application is valid for one year from the date of approval by the committee.
* All applications are processed on a quarterly basis.
* Applicant is notified of the committee’s decision within 30 days of being reviewed.

**Part I: Applicant—Family History**

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| --- | --- | --- | --- | --- | --- |
| Date: | \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_ | |  | Applicant’s name: |  |
| Applicant’s sex: | | Choose an item. | | Date of birth: | Click here to enter a date. |

**Contact Information:**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Address: |  | | | | | | |  | | City: | |  | | | |
| State: |  |  | | Zip Code: | |  | |  | | | County: | |  | | |
| Parent/Caregiver “A” name: | | |  | | | |  | | Relationship to applicant: | | | | |  |
| Primary phone number (include area code): | | | | | |  | | | | | | | | | |
| E-mail address: | |  | | | | | | | | | | | | | |
| Parent/Caregiver “B” name: | | |  | | | |  | | Relationship to applicant: | | | | |  |
| Primary phone number (include area code): | | | | | |  | | | | | | | | | |
| E-mail address: | |  | | | | | | | | | | | | | |
| Primary language spoken in the home: | | | | | |  | | | | | | | | | |
| Applicant’s primary mode of communication: | | | | | |  | | | | | | | | | |
| Primary diagnosis of applicant: | | | | |  | | | | | | | | | | |
| Secondary diagnosis of applicant: | | | | |  | | | | | | | | | | |
| Name of applicant’s health insurance: | | | | |  | | | | | | | | | | |
| Grade level of applicant, if applicable: | | | | |  | | | | | | | | | | |
| Name of school: | | | | |  | | | | | | | | | | |

**Part II: Verification of Diagnosis**

It is the individual’s/parents’/guardian’s responsibility to provide verification of the applicant’s diagnosis (i.e. a letter or report from the professional, copy of an EOB with a diagnosis, etc.) for purposes of determining the applicant’s eligibility for the Ahava scholarship. Please submit this verification along with the application.

**Part III: Specific Scholarship Request**

To obtain scholarship funds, the Annual Ahava Scholarship Requests form must be completed. In addition, a separate Ahava Fund Request Form must be completed for the $500 cash and one for each vendor. (Please make as many copies as you need.) These forms along with invoices can be scanned and emailed to Shari Bernstein, [shari@jewishtoledo.org](mailto:shari@jewishtoledo.org), or faxed, mailed, or brought to the Jewish Family Service office to Shari’s attention along with the scholarship application. Requests cannot be processed without this information.

**Part IV: Ahava Program Survey**

I agree to complete a year-end survey that will communicate the value of the Program to its funders. I understand that failure to do so will disqualify me and my family in participating in the Ahava Scholarship Program in the future.

**Part IV: Signature**

By signing this application in the space provided below, I represent that the information provided is complete and truthful and agree to the Ahava Scholarship Privacy Policy linked to on the JFGT Ahava webpage and attached to this application. Any attempt to provide false information will result in the dismissal of the application and removal of you and the applicant from consideration of any scholarships, grants, or awards from the JFGT in the future. If a scholarship is awarded based on false information, it could result in legal action against the person nominating the applicant.

*Signature*

*(Applicant if 18 or over, or if applicable, Applicant’s parent, guardian, or authorized representative)*

*Print name and relationship to applicant*

*Date*: