 Approval \_\_\_\_

Approval Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6465 Sylvania Avenue Family ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sylvania, OH 43560

Email: [shari@jewishtoledo.org](mailto:)

Phone: 419-724-0408

Fax: 419-724-0413

AHAVA FUND REQUEST

Applicant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Make Check Payable to:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*One request per vendor/payee\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

Request Options:

1. Funds are given in the following way:
   1. A $500 check per family will be mailed to you after successfully completing the application process. There are no tax implications for this amount.
   2. The remaining scholarship money must be used in the form of reimbursement made directly to a health care provider or for items purchased by Federation on your behalf.
   3. Conference fees must be paid directly by the Federation on your behalf.
   4. No reimbursements will be given for items or experiences purchased by you.
2. Attach an invoice to be paid directly to the vendor/payee. With this option there are no tax implications as the payment is direct to the organization providing the service or equipment.
   1. Co-pays – Co-payments can be pre-paid on a quarterly basis by the Ahava Program if the provider agrees to this arrangement. No co-pays for single appointments will be made.
   2. On-line purchases – To request an on-line purchase for equipment, a print-out of the item specifications and the web address must accompany this Ahava Fund Request form. Please email them to Sally Trouten at [sally@jewishtoledo.org](mailto:sally@jewishtoledo.org).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Applicant’s parent, guardian, Date

or authorized representative