

# March of the Living 2018 | Jewish Federation of Greater Dallas

## Israel Scholarship Application

**Scholarship deadlines:** Students applying for the March of the Living Scholarship must submit their completed application no later than December 4, 2017. Applications can be submitted by email to Mercedes Deviney, [mdeviney@jewishdallas.org](mailto:mdeviney@jewishdallas.org) or mailed to the Jewish Federation of Greater Dallas.

### Eligibility:

To be eligible to apply for a financial need scholarship, students must:

- Live in Greater Dallas
- Demonstrate financial need
- Be a current high school student and have the same status at the time of the Israel program
- Plan to participate in a recognized Israel experience program that is longer than 10 days and has educational content

**Income guidelines:** Please keep in mind that we have many applications and very limited resources. Our committee gives every consideration to each eligible application and its related circumstances. While we do take into account each family's situation and not only their income, families earning in excess of **\$120,000** are not likely to be awarded scholarships, unless there are extenuating circumstances, which must be clearly explained in the application.

### Your completed application must include:

1. This form filled out completely and signed by both the parent/guardian and the applicant. **Incomplete forms will not be submitted to our committee for consideration.**
2. The first page of the most recent 1040 for the household.
3. Written statement by the applicant on why this trip is important to them.

### Other important information:

1. The *application must be complete to be considered*. All items on the application must be filled in. If you have a question about any part of the application, please contact our office.
2. The Federation does not award scholarships for the full amount of a program. Applicants are required to seek out other sources of funding in addition to the Federation. Parents are expected to make appropriate contributions to the cost of the program for their children.
3. The Israel Scholarship Committee will make the final decisions on the awarding of scholarships after assessing each applicant's situation on an individual basis and in comparison with to the other applicants. Please be aware that this is an application for consideration and not a guarantee or promise of funding.
4. All of the information requested for the application is treated with the strictest confidentiality. Names and all identifying information are not included in any materials submitted to the Israel Scholarship Committee.
5. If an award is made to an applicant, the Federation asks recipients to keep all information on the award, including the amount, strictly confidential. Each award is made based on multiple factors and in no way indicates the awards made to other applicants.
6. All scholarship awards are paid directly to the program provider.
7. Please provide any other information that you feel would be useful in considering your application. If you have, any questions please contact Sarah Golman, Director of Global and Local Impact & Allocations at [sgolman@jewishdallas.org](mailto:sgolman@jewishdallas.org) or 214-615-5275.

Date Received: \_\_\_\_\_

## March of the Living 2018 | Israel Scholarship Application

### STUDENT INFORMATION

Name \_\_\_\_\_ Cell phone \_\_\_\_\_  
Address \_\_\_\_\_ Birth date \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_ Email \_\_\_\_\_

### EDUCATION

School attending \_\_\_\_\_  
If working, Job title \_\_\_\_\_ Wages \_\_\_\_\_  
Place of employment \_\_\_\_\_

### PROGRAM INFORMATION

Name of Program \_\_\_\_\_ Phone \_\_\_\_\_  
Address of Program \_\_\_\_\_  
Street address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
Dates of program \_\_\_\_\_

### FUNDING INFORMATION

Please complete the section below to indicate how you plan to cover the costs of the program. Please do not leave any portion blank.

Cost of the program \_\_\_\_\_

Applicants are required to seek funding from sources other than the Federation. Please indicate where you are applying for additional funding: \_\_\_\_\_ Amount: \_\_\_\_\_

Other sources: Gift of Israel (formerly Passport to Israel), Confirmation grants, etc. \_\_\_\_\_

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

**Amount of scholarship requested from the Jewish Federation of Greater Dallas** \_\_\_\_\_

**GUARDIAN INFORMATION**

Mother's name \_\_\_\_\_ Occupation \_\_\_\_\_ Place  
of employment \_\_\_\_\_ How long employed here \_\_\_\_\_

Please indicate full or part time employment \_\_\_\_\_

Cell/Work phone \_\_\_\_\_

Email \_\_\_\_\_

Father's name \_\_\_\_\_ Occupation \_\_\_\_\_ Place  
of employment \_\_\_\_\_ How long employed here \_\_\_\_\_

Please indicate full or part time employment \_\_\_\_\_

Cell/Work phone \_\_\_\_\_

Email \_\_\_\_\_

**Composition of Family Household**

Total number of persons in household \_\_\_\_\_

Number of dependent children \_\_\_\_\_ List ages \_\_\_\_\_

Number of working children (under 18 years) \_\_\_\_\_

Number of other dependents \_\_\_\_\_ Relationship \_\_\_\_\_

Did your family come from another country? \_\_\_\_\_ If so, which country? \_\_\_\_\_

Date of arrival to U.S. \_\_\_\_\_

Parents' marital status: \_\_\_\_\_

If divorced, or separated:

Date of divorce \_\_\_\_\_ Custodial parent \_\_\_\_\_

Has custodial parent remarried? \_\_\_\_\_ If yes, date \_\_\_\_\_

Which parent claimed the applicant as a tax dependent for 2017? \_\_\_\_\_

**PARENTS' FINANCIAL INFORMATION**

Income (both taxable and non-taxable)

		2015	2016	Estimated 2017
Gross salary and wages from W-2	Father Mother	_____	_____	_____
Dividend or interest income	Father Mother	_____	_____	_____
Other income (rents, business, royalties, trusts, unemployment compensation, Social Security Benefits, scholarships)	Father  Mother	_____	_____	_____
Parsonage (do not include in salary above)				
Annual alimony				
Child support received for all minor children annually				
Public aid, food stamps, SSI (disability, death benefits)				

Please list type and value of other income and public aid/food stamps/SSI listed above:

Please include any financial assistance that your family receives from family, friends, or agencies/organizations (Jewish Family Service, JCRS, etc.):

If there is anything else you think would be helpful for the committee to consider about your family's financial circumstances please explain here or attach additional pages if necessary:

**APPLICANT'S PROFILE (TO BE COMPLETED BY APPLICANT, NOT BY PARENT)**

1. Current Employment

Present position \_\_\_\_\_ Monthly earnings \_\_\_\_\_

Work Place \_\_\_\_\_ Hours/week \_\_\_\_\_

Phone \_\_\_\_\_

How long have you been working at this job? \_\_\_\_\_

2. Summer Employment 2017\*

Position \_\_\_\_\_ Total summer earnings \_\_\_\_\_

Work Place \_\_\_\_\_ Hours/week \_\_\_\_\_ Number of weeks \_\_\_\_\_

Phone \_\_\_\_\_

\*If you did not have summer employment, what did you do for the summer? \_\_\_\_\_

3. Jewish Involvement

a. Previous trips to Israel \_\_\_\_\_

b. Previous scholarships awarded to applicant by Jewish organizations or agencies

\_\_\_\_\_

c. Synagogue Name \_\_\_\_\_

d. Involvement in Jewish community activities (youth groups, volunteering, etc)

\_\_\_\_\_

Extracurricular activities \_\_\_\_\_

\_\_\_\_\_

Please list special skills and interests: \_\_\_\_\_

\_\_\_\_\_

Awards and Honors: \_\_\_\_\_

\_\_\_\_\_

Please attach an essay describing yourself and why you wish to participate in this particular Israel education program. Please do not submit a resume in place of this essay.

**OTHER FUNDING SOURCES**

In order for your application to receive serious consideration you must seek out additional funding options.

Congregation: \_\_\_\_\_ Amount: \_\_\_\_\_

Israel Experience program \_\_\_\_\_ Amount: \_\_\_\_\_

Other: \_\_\_\_\_ Amount: \_\_\_\_\_

**IS YOUR APPLICATION COMPLETE? Please do not submit applications that have not been completed.**

**Your completed application must include:**

1. This form filled out completely and signed by both the parent/guardian and the applicant. **Incomplete forms will not be submitted to our committee for consideration.**
2. The first page of the most recent 1040 for the household.
3. Written statement by the applicant on why this trip is important to them.

**ATTESTATION FORM:**

I attest to this application being true, correct, and complete to the best of my knowledge and I authorize the Federation to check its validity. I understand this is only an application for a scholarship and that there is no guarantee of receiving a scholarship.

\_\_\_\_\_ **Date:** \_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_ **Date:** \_\_\_\_\_  
**Signature of parent/guardian**

\_\_\_\_\_ **Date:** \_\_\_\_\_  
**Signature of parent/guardian**