

March of the Living Dallas Scholarship Application

Scholarship deadline: December 4, 2017

For complete trip information go to moldallas.org

Requirements:

1. This form must be 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.

All information will be kept in strict confidentiality.

STUDENT INFORMATION

Name _____

Cell phone _____

Email _____ Birth date _____

Address _____

City _____ State _____ Zip Code _____

EDUCATION

School attending _____

If working, Job title _____ Wages _____

Place of employment: _____

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. Applicants are required to seek funding from any other sources possible. Please indicate where you are applying for additional funding:

_____ Amount: _____

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

Parent contribution _____

Amount of scholarship requested: _____

EXPENSES

Please indicate educational expenses (tuition, etc.) that you are spending for your family:

Here, or on separate page, please describe your annual expenses emphasizing any extenuating circumstances that lead you to request scholarship funds.

GUARDIAN INFORMATION

Mother's name _____ Occupation _____

Place of employment _____

How long employed here _____

Is this full or part time employment _____

Cell phone _____ Work phone _____

Email _____

Father's name _____ Occupation _____

Place of employment _____

How long employed here _____

Is this full or part time employment _____

Cell phone _____ 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 2013? _____

PARENTS' FINANCIAL INFORMATION

Income (both taxable and non-taxable)

		2014	2015	Estimated 2016
Gross salary and wages from W-2	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)				
Dividend or interest income	Father			
	Mother	_____	_____	_____

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):

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 2015*

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: _____

(You may put this on an additional sheet of paper if necessary.)

Please attach an essay describing yourself and why you wish to participate in the March of the Living.
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.

Applicant Signature **Date:** _____

Signature of parent/guardian **Date:** _____

Signature of parent/guardian **Date:** _____

Please return to:
Yavneh Academy
12324 Merit Drive
Dallas, TX 75251
Attn: MOL / Confidential