



**Jewish Education Center of Cleveland
2030 S. Taylor Road
Cleveland Heights, Ohio 44118
(216) 371-0446 fax (216) 371-2523**

**TO: COLLEGE STUDENT: JEWISH IDENTITY & ISRAEL TRAVEL PROGRAM
SCHOLARSHIP APPLICANT**

FROM: JEWISH EDUCATION CENTER FINANCIAL AID COMMITTEE

Attached is the Jewish Education Center of Cleveland Jewish Identity & Israel travel Program Scholarship application. Please read the application and instructions carefully while completing the forms. In order for your application to be complete, you must submit:

1. Part I - Personal Information
2. Part II - Application Financial Statement
3. A copy of your current IRS 1040 income tax form if you filed one *
4. The Parents' Statement of non-support if applicable
5. A copy of the acceptance letter to the Israel program
6. If you receive any financial aid from your school, attach a copy of you financial aid award letter to your application.

*If your parents claim you as a dependent on their income tax, substitute your parents' complete 1040 income tax form (include all schedules filed) where we request yours and delete parents' statement of non-support.

These funds are for Cleveland students (residents of Cleveland or going to school in Cleveland, Ohio).

When you have completed the application and have the appropriate supporting materials, please mail your application to:

Helen Wolf
Israel Programs Director
Jewish Education Center of Cleveland
2030 S. Taylor Road
Cleveland Heights, OH 44118.

The application deadline for summer and fall program departures is March 31st. Application deadline for winter/spring departure is November 1st.

If you have any questions, call me at (216) 371-0446.

This program is funded through the Endowment Fund of the Jewish Community Federation.

**JEWISH IDENTITY & ISRAEL TRAVEL PROGRAM SCHOLARSHIP APPLICATION
FOR ISRAEL LEARNING EXPERIENCES
COLLEGE-AGE PROGRAMS**

#201_ - ____

PART I - Personal Information

(ALL APPLICATIONS MUST BE TYPED OR PRINTED NEATLY IN BLACK INK)

NAME OF PROGRAM _____ TODAY'S DATE ___/___/___

DATE OF PROGRAM _____

APPLICANT'S NAME _____ DATE OF BIRTH ___/___/___

CURRENT ADDRESS _____ PHONE _____

HOME ADDRESS IF DIFFERENT _____

UNIVERSITY OR COLLEGE _____ YEAR _____

BACKGROUND:	FORMAL JEWISH EDUCATION	
SCHOOL		YEARS
_____	_____	_____
_____	_____	_____

Have you taken any college courses in Hebrew or Jewish studies? If so, list courses, year taken, and instructor's names:

NAME OF COURSE	YEAR TAKEN	INSTRUCTOR
_____	_____	_____
_____	_____	_____

Were you a member of a high school age Jewish Youth group? If so, list name(s) and leadership positions you held.

NAME OF YOUTH GROUP	LEADERSHIP POSITIONS
_____	_____
_____	_____

Are you active in Jewish college age groups? If so, list name(s) and leadership positions you hold, or have held in the past.

NAME OF COLLEGE GROUP	LEADERSHIP POSITIONS
_____	_____
_____	_____

Other past or present Jewish involvement or activity _____

Indicate briefly why you chose the program in Israel for which you are requesting financial aid, and what you hope to derive from it. _____

#201_-____

Have you ever been to Israel before? If so, list the trips, year, length of stay, sponsoring organization and purpose.

YEAR	LENGTH	GROUP	PURPOSE
_____	_____	_____	_____
_____	_____	_____	_____

Did you receive any financial aid for any of these trips? If so, indicate which ones, amount of aid received and from what source? _____

Whom may we contact as a reference? (A rabbi, youth group advisor, teacher, etc., not a relative)

NAME _____ RELATIONSHIP _____

ADDRESS _____ PHONE _____

REASON FOR REQUEST OF AID (note unusual expenses other than tuition).

LIST COST OF SCHOOLING AND SUPPORT FOR APPLICANT AND SIBLINGS.

NAME	AGE	SCHOOL	FULL TUITION	ROOM & BOARD	FINANCIAL AID	AMOUNT OF PARENTAL SUPPORT
_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____

EXPENSES

COST OF PROGRAM \$ _____
 TRAVEL (if not included above) \$ _____
TOTAL EXPENSES \$ _____

RESOURCES

AMOUNT PROVIDED BY APPLICANT \$ _____
 AMOUNT PROVIDED BY FAMILY \$ _____
 GRANTS FROM OTHER SOURCES (Specify which have been confirmed and which you have applied for) \$ _____
 AMOUNT FROM A *GIFT OF ISRAEL*: FAMILY _____ SCHOOL _____ JCF _____ \$ _____
TOTAL RESOURCES \$ _____

AMOUNT OF FINANCIAL AID REQUESTED

\$ _____
 SOMETIMES THE AWARD, IN WHOLE OR IN PART, IS AN INTEREST-FREE LOAN.

 APPLICANT
 J:\ISRAEL\FINAID\COLLAPP.DOC

 FATHER

 MOTHER

PART II -----APPLICANT FINANCIAL STATEMENT

#201_-__

This information will be held strictly confidential and will be used by the JECC's Financial Aid Committee only.

APPLICANT'S NAME _____ PHONE _____

ADDRESS _____ ZIP _____

PARENT INFORMATION

FATHER _____

Name of Business _____

Business Address _____

Position or Title _____

Occupation _____

Self-employed _____

MOTHER _____

Name of Business _____

Business Address _____

Position or Title _____

Occupation _____

Self-employed _____



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#201_ - ____

APPLICANT OR PARENT ASSETS/LIABILITIES

Combined Gross Income (Please check one)

___ \$0-25,000 ___ \$25,001 - 50,000 ___ \$50,001-75,000 ___ \$75,001-100,000 ___ over \$100,001

Number of Dependents _____

FILL ALL BLANK SPACES: INSERT -0- OR NONE WHERE NECESSARY
 IN THE CASE OF ANY ASSET OWNED BY MORE THAN ONE PARTY, INDICATE THE EXTENT OF YOUR
 INTEREST THEREIN

READY CASH IN BANK	\$
TOTAL VALUE OF CD'S	
INVESTMENTS - BONDS & STOCKS	
ACCOUNTS & NOTES RECEIVABLE	
CURRENT EVALUATION OF REAL ESTATE OWNED	
YEAR & MAKE #1 AUTO ____/____	
#2 AUTO ____/____	
OTHER ASSETS SUCH AS RENTAL PROPERTY	
ALIMONY (IF APPLICABLE)	
CHILD SUPPORT (IF APPLICABLE)	
TOTAL ASSETS	\$

LIABILITIES

NOTES PAYABLE - UNSECURED	\$
NOTES PAYABLE - SECURED	
LOANS ON LIFE INSURANCE	
REAL ESTATE MORTGAGE MONTHLY/	
TOTAL BALANCE DUE ON MORTGAGE	
INSTALLMENT LOANS (NUMBER) ____ PAYMENTS AT \$	
CREDIT CARD BALANCES	
OTHER LIABILITIES (ITEMIZE)	
TOTAL LIABILITIES	
NET WORTH (ASSETS - LIABILITIES)	\$

SOURCES OF INCOME

BUSINESS INCOME NET STATE SOURCE	\$
SALARIES AND WAGES - GROSS	
COMMISSION - NET	
RENT - GROSS	
OTHER INCOME NET STATE SOURCE	
UNEMPLOYMENT	
ANNUAL INCOME	\$

**PARENTS' STATEMENT OF NON-SUPPORT
INDEPENDENT (SELF-SUPPORTING) STUDENT**

#201_ - ____

INSTRUCTIONS: If you are an independent student, this statement must be completed by the applicant's parents and the parents of the spouse, if the applicant is married, in order to document that a state of total financial independence does exist.

Applicant's Name _____ Spouse's Name _____

Applicant's Address _____
(Number) (Street) (City) (State) (Zip)

I. I hereby affirm under penalty of perjury that the above named student and spouse if applicant is married, meet all of the criteria stated below.

1) The student has not lived or will not live for more that 6 weeks in the home of a parent or guardian during the calendar year in which aid is received (20____) and the calendar year prior to the academic year for which aid is requested (20____);

2) The student has not received and will not receive financial assistance of more than \$750 from the parent(s) or guardian(s) in the calendar year (20____) in which aid is received and calendar year prior to the academic year for which aid is requested (20____);

3) The student has not and will not be claimed as an exemption for Federal Income Tax purposes by any person except the student's spouse for the calendar year (20____) in which aid is received and the calendar year prior to the academic year for which aid is requested (20____).

II. We hereby affirm under penalty of perjury that the information reported on this statement, to the best of our knowledge and belief, is true, correct and complete.

Signature of Applicant's Parent(s)
or Legal Guardian(s)

Signature of Spouse's Parent(s)
or Legal Guardian(s) if applicant
is married.

Father, Stepfather, Guardian

Father, Stepfather, Guardian

Mother, Stepmother, Guardian

Mother, Stepmother, Guardian

(Date)

(Date)