

**JEWISH IDENTITY & ISRAEL TRAVEL PROGRAM SCHOLARSHIP APPLICATION
HIGH SCHOOL & POST HIGH SCHOOL ISRAEL LEARNING EXPERIENCES
PART I - PERSONAL INFORMATION**

#2____ - ____

You and your parents should fill out this form accurately and completely. Attach parents' current IRS 1040 tax form to this application and mail to the Helen Wolf at the above address. This application must be returned to the JECC December 1 for winter/spring programs and March 31st for summer/fall programs.. All information is kept confidential.

NAME OF PROGRAM _____ DATE OF APPLICATION ____/____/____

PROGRAM DEPARTURE DATE _____ LENGTH OF PROGRAM _____

PROGRAM ADDRESS _____

APPLICANT'S NAME _____ BIRTHDATE ____/____/____
Street City State Zip

ADDRESS _____ PHONE _____

PARENT'S EMAIL _____ STUDENT'S EMAIL _____
City State Zip

SCHOOL (SECULAR EDUCATION) _____ GRADE _____

NAME OF PARENTS _____
(Father) (Mother)

MARITAL STATUS _____

ADDRESS _____
(if different from above) (if different from above)

WORK PHONE _____

APPLICANT'S JEWISH INVOLVEMENT

SYNAGOGUE OR TEMPLE AFFILIATION _____

ATTENDS A JEWISH SCHOOL _____
Name Grade

BELONGS TO A JEWISH YOUTH GROUP _____

APPLICANT'S OTHER JEWISH INVOLVEMENT OR ACTIVITIES _____

PLEASE STATE BRIEFLY WHY YOU WANT TO PARTICIPATE IN THE PROGRAM AND WHAT YOU HOPE TO DERIVE FROM YOUR EXPERIENCE. _____

LIST ANY PREVIOUS GRANT(S) THE APPLICANT OR ANY FAMILY MEMBER HAS RECEIVED FROM THE JEWISH EDUCATION CENTER:

Name	School or Organization	Year	Amount
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

DID YOU PARTICIPATE IN A *GIFT OF ISRAEL* _____ If NO, why not? _____
#2____-____

LIST OF PREVIOUS TRIPS TO ISRAEL (include organization, length, purpose and time) _____

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). _____

LIST COST OF SCHOOLING AND SUPPORT FOR APPLICANT AND SIBLINGS.

<u>NAME</u>	<u>AGE</u>	<u>SCHOOL</u>	<u>FULL TUITION</u>	<u>ROOM & BOARD</u>	<u>FINANCIAL AID</u>	<u>AMT. OF PARENTAL SUPPORT</u>
			\$	\$	\$	\$
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

EXPENSES

COST OF PROGRAM..... \$ _____

TRAVEL (if not included above)..... \$ _____

TOTAL EXPENSES \$ _____

RESOURCES

AMOUNT PROVIDED BY APPLICANT \$ _____

AMOUNT PROVIDED BY FAMILY (not including *Gift of Israel* Funds) \$ _____

GRANTS FROM OTHER SOURCES (Specify which have been confirmed \$ _____

and which you have applied for) _____ \$ _____

_____ \$ _____

A *GIFT OF ISRAEL* AMOUNTS: FAMILY _____ SCHOOL _____ JCF _____ \$ _____

TOTAL RESOURCES \$ _____

AMOUNT OF FINANCIAL AID REQUESTED.....\$ _____

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

 APPLICANT'S SIGNATURE

 FATHER'S SIGNATURE

 MOTHER'S SIGNATURE

PART II -----APPLICANT FINANCIAL STATEMENT

#2____-____

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 _____



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

#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- 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 OF #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	\$

