



Jewish Federation of Greater Philadelphia

Morton Stein Scholarship Fund for Orthodox Yeshivot in Israel

A PROGRAM OF THE JEWISH FEDERATION OF GREATER PHILADELPHIA

Jewish Federation of Greater Philadelphia
Attn: Shannon Greenstein
2100 Arch Street, 7th Floor
Philadelphia, PA 19103

For more information, please contact:
Shannon Greenstein
P: (215) 832-0530 F: (215) 832-0527
sgreenstein@jewishphilly.org

This application is for the purpose of ascertaining the financial needs of the applicant. Please complete this application in full. The Committee can consider this application fairly only if all of the required information is provided. All information is held in confidence. The Committee will not divulge names of financial aid recipients. Please note that applicants may receive aid from only one Federation scholarship fund per program. Other restrictions may apply. Please attach a copy of the most recent federal tax return on which the applicant is listed as a dependent and a copy of the applicant's letter of acceptance from the yeshiva.

Applicant Information

Last Name

First Name

M.I.

Date of Birth

Passport to Israel Participant? ☐ Yes ☐ No

Have you received a Federation grant or scholarship before? ☐ Yes ☐ No

Are you a member of a synagogue? ☐ Yes ☐ No

If so, which synagogue?

Contact Information

Home Street Address

City

State

Zip Code

Home Phone Number

Email Address

Parent/Guardian Information (if Applicant is a dependent)

Father's/Guardian's Name

Occupation

Work/Cell Number

Mother's/Guardian's Name

Occupation

Work/Cell Number

Marital Status: ☐ Married ☐ Divorced/Separated/Single ☐ Widowed

Number of Dependents

Program Information (please use American offices or affiliate if possible)

Name of Program

Name of Organization

Contact Person

Date of Departure

Length of Program

Cost of Program

Address of Organization

City

State

Zip Code

Org. Phone Number

Organization Email Address

FINANCIAL INFORMATION

Please provide financial information below that corresponds with the Federal tax return you include with this application (i.e., if you include a 2016 Federal tax return, provide financial information from 2016). This information should reflect the entire household in which the applicant is a dependent, or, if the applicant is not a dependent, then the applicant's personal information should be provided. All information is held in confidence.

ANNUAL INCOME

Gross Family Income (Adjusted Gross Income on Federal tax return)	<input type="text"/>
Child Support Income (only if not listed on Federal tax return)	<input type="text"/>
All Other Sources of Income not listed on Federal tax return	<input type="text"/>
Total Annual Income	<input type="text"/>

ANNUAL EXPENSES

Rent, Mortgage, and Property Taxes (annual total)	<input type="text"/>
Synagogue Membership Fees	<input type="text"/>
Jewish Day School Tuition (actual cost after discounts and scholarships)	<input type="text"/>
Name of school:	<input type="text"/>
College Tuition (dependents only; actual cost after discounts and scholarships)	<input type="text"/>
Medical Expenses (out-of-pocket only)	<input type="text"/>
Child Care & Jewish Day/Overnight Camp Fees (actual cost after discounts and scholarships)	<input type="text"/>
Child Support Paid (only if not listed on Federal tax return)	<input type="text"/>
Total Annual Expenses	<input type="text"/>

The Federation understands that the above does not reflect all expenses incurred. Please use the following space (or an attached note) to provide other relevant expenses or information.

You may submit this form by email, fax, or postal mail it using the contact information provided on the first page. Please note that your submission will not be considered complete unless you include the relevant Federal tax return(s). Submission of this application constitutes your certification that the information contained herein is correct and complete to the best of your knowledge.