



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 Jewish 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**

Applicant name (First M.I. Last) \_\_\_\_\_ Date of birth \_\_\_\_\_

Passport to Israel participant?.....  Yes  No

Prior recipient of a Jewish Federation grant or scholarship? .....  Yes  No

Are you a member of a synagogue?  Yes  No Name of synagogue: \_\_\_\_\_

**CONTACT INFORMATION**

Home address \_\_\_\_\_ City, State ZIP \_\_\_\_\_

Home phone number \_\_\_\_\_ Email address \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION** *(If applicant is a dependent)*

First Guardian's name \_\_\_\_\_

Occupation \_\_\_\_\_ Work phone/cell number \_\_\_\_\_

Second Guardian's name \_\_\_\_\_

Occupation \_\_\_\_\_ Work phone/cell number \_\_\_\_\_

Marital status:  Married  Divorced/separated/single  Widowed Number of dependents: \_\_\_\_\_

**PROGRAM INFORMATION** *(Please use American offices or affiliate if possible)*

Program name \_\_\_\_\_ Organization \_\_\_\_\_

Contact person \_\_\_\_\_

Date of departure \_\_\_\_\_ Program length \_\_\_\_\_ Program cost \$ \_\_\_\_\_

Organization address \_\_\_\_\_ City, State ZIP \_\_\_\_\_

Organization phone number \_\_\_\_\_ Email address \_\_\_\_\_

**For more information, contact Hannah Cofalka:**  
**hcofalka@jewishphilly.org**  
**P 215.832.0518 F 215.832.0503**  
**2100 Arch Street, 6<sup>th</sup> Floor**  
**Philadelphia, PA 19103**



**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 2018 federal tax return, provide financial information from 2018). 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) ..... \$ \_\_\_\_\_

Child support income (only if not listed on federal tax return) ..... \$ \_\_\_\_\_

All other sources of income not listed on federal tax return ..... \$ \_\_\_\_\_

**Total annual income**..... \$ \_\_\_\_\_

**ANNUAL EXPENSES**

Rent, mortgage, and property taxes (annual total) ..... \$ \_\_\_\_\_

Synagogue membership fees ..... \$ \_\_\_\_\_

Jewish day school tuition (actual cost after discounts and scholarships) ..... \$ \_\_\_\_\_

    Name of school \_\_\_\_\_

College tuition (dependents only; actual cost after discounts and scholarships) ..... \$ \_\_\_\_\_

Medical expenses (out-of-pocket only) ..... \$ \_\_\_\_\_

Child care and Jewish day/overnight camp fees (actual cost after discounts and scholarships) ..... \$ \_\_\_\_\_

Child support paid (only if not listed on federal tax return) ..... \$ \_\_\_\_\_

**Total annual expenses** ..... \$ \_\_\_\_\_

The Jewish 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 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) and a copy of the applicant's letter of acceptance from the yeshiva. Submission of this application constitutes your certification that the information contained herein is correct and complete to the best of your knowledge.