



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 Alaina Gillespie:
agillespie@jewishphilly.org
P 215-832-0504 F 215-754-4834
2100 Arch Street, 6th 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 2019 federal tax return, provide financial information from 2019). 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.