



Jewish Federation
OF NORTHEASTERN NEW YORK

Scholarship Application for Jewish Continuity Programs

Scholarship Committee Chair
Robert Crystal

Scholarships will be based on financial need and given to children from the Northeastern New York Jewish community to participate in programs that provide Jewish enrichment and promote Jewish continuity.

The deadline for applications and attachments is Friday, February 22, 2019.

Please submit your application with all attachments as early as possible.
The process runs so much more smoothly when we receive the information early.

Your cooperation is very much appreciated.

(Please print or type.)

Applicant's Name _____ Gender _____ DOB _____ Grade _____

Address _____

City _____ State _____ Zip Code _____

Home phone _____ E-mail _____

Synagogue affiliation _____ Rabbi _____

Parents' marital status (Please check one.) Single Married Separated Divorced Widowed

Parent's Name _____ Phone (Home) _____ Cell _____

Address (if different from applicant's) _____

E-mail _____ Occupation _____

Place of work _____ Phone _____ E-mail _____

Parent's Name _____ Phone (Home) _____ Cell _____

Address (if different from applicant's) _____

E-mail _____ Occupation _____

Place of work _____ Phone _____ E-mail _____

With whom does the applicant reside? _____

Sibling(s) _____ Age(s) _____

Sibling(s) attending camp or Israel program this summer/year _____

Please check program for which you are applying for scholarship:

Camp Israel Summer Program Israel Year Program Other _____

If scholarship is awarded, name of program, camp, or school to which check should be payable:

If scholarship is awarded, correct mailing address of program, camp, or school to which check should be sent:

Address _____ City _____ State _____ Zip Code _____

Telephone _____ Director _____

E-mail address _____

Length of program _____ Cost of program \$ _____ Amount requesting \$ _____

Other organizations to which you are applying _____ For how much? \$ _____

Jewish education _____

Other activities _____

For Israel program applicants: Has applicant ever been to Israel? _____ If yes, what were the circumstances?

Please include the following with your application:

- A copy of the most recent complete federal income tax return, including all schedules (The committee requires tax returns from all parents, step-parents, and adults with whom the applicant resides, even if there is no support obligation.)
- Statement of any other income or assets that are available to the household in which the applicant resides without regard to legal responsibility
- Whether or not you own a second home
- A list of all models and ages of family automobiles
- On a separate sheet, please provide us with information that will help us determine that your request for scholarship is based on financial need. The Committee may require an interview and/or further support of financial need.
- Letters or essays in support of application are welcome.

Parent's signature _____ Date of application _____

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FEBRUARY 22, 2019!

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