



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

**JEWISH IDENTITY & ISRAEL TRAVEL PROGRAM SCHOLARSHIP APPLICATION
HIGH SCHOOL & POST HIGH SCHOOL ISRAEL LEARNING EXPERIENCES**

ELIGIBILITY:

To be eligible to receive financial aid, the applicant must:

- *Demonstrate family financial need.
- *Be a resident of Cleveland.
- *Be a high school student or graduating senior.
- *Participate in a JECC-approved Israel Learning Experience.
- *First or Second-timer to Israel on a peer experience.

APPLICATION:

The following must be submitted by March 31st for Fall program departure dates. This checklist is provided for your assistance before you submit your application:

- _____ 1. Attached Application Part I. Personal Information
- _____ 2. Attached Application Part II. Family Financial Statement
- _____ 3. Complete and signed copy of parent's most recent Federal Income Tax Return 1040 Form, including schedules, if filed
- _____ 4. Verification of program cost from sponsoring organization (copy of brochure or letter from organization.)

A personal interview may be required. At that time additional pertinent information can be shared to help demonstrate financial need. You may be called to set up an interview after receipt of complete application. This program is funded through the Endowment Fund of the Jewish Federation of Cleveland. All applications are held in strict confidence and the review process is anonymous. Please be aware that sometimes the award, in whole or part, is an interest-free loan.

When you have completed the application and have the appropriate supporting materials, please mail application to:

Maya Holtz Groys
Jewish Education Center of Cleveland
2030 S. Taylor Road
Cleveland Heights, Ohio 44118.

If you have any questions, please call 371-0446 or by e-mail mgroys@jecc.org

APPLICANT'S JEWISH INVOLVEMENT- Please answer where applicable:

SYNAGOGUE OR TEMPLE AFFILIATION _____

JEWISH SCHOOL _____

JEWISH YOUTH GROUP _____

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? _____

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 _____

FINANCIAL INFORMATION:

EXPENSES

COST OF PROGRAM..... \$ _____

COST OF 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.....\$ _____

REASON FOR REQUEST OF AID (note unusual expenses). _____

APPLICANT'S SIGNATURE

PARENT SIGNATURE

PARENT SIGNATURE

PART II -----APPLICANT FINANCIAL STATEMENT

This information will be held strictly confidential and will be used by the JECC's Financial Aid Committee only. (Names will be withheld.)

APPLICANT'S NAME _____ PHONE _____

ADDRESS _____ ZIP _____

FAMILY 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 _____

PLEASE LIST COST OF SCHOOLING AND SUPPORT FOR APPLICANT AND SIBLINGS (if applicable):

<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>
_____			\$ _____	\$ _____	\$ _____	\$ _____
_____			\$ _____	\$ _____	\$ _____	\$ _____
_____			\$ _____	\$ _____	\$ _____	\$ _____
_____			\$ _____	\$ _____	\$ _____	\$ _____

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 BELOW (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	\$