



## 2012 Israel Summer Teen Scholarship Form

Please complete this form and return it with a signed copy of your most recently filed IRS Forms to the Bureau of Jewish Education, 5603 South Braeswood Boulevard, Houston, TX 77096. Please call 713-729-7000, extension 309 if you have any questions or concerns regarding the completion of this form or the application process. All information is confidential.

Date of Application \_\_\_\_\_

1) Applicant's Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

2) Name of Israel program applicant is applying \_\_\_\_\_

Mailing Address of Program \_\_\_\_\_

Program Cost \_\_\_\_\_ Length of Trip \_\_\_\_\_ Dates of Trip \_\_\_\_\_

3) Name of school the applicant attends \_\_\_\_\_

Name of congregational school \_\_\_\_\_

4) Are you a member of a congregation?  Yes  No

Name of Congregation \_\_\_\_\_

5) Are you a recent immigrant to the USA?  Yes  No Arrival Date \_\_\_\_\_ Country \_\_\_\_\_

6) Father's Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Home Address \_\_\_\_\_

Occupation \_\_\_\_\_ Years Employed \_\_\_\_\_ Annual Salary \_\_\_\_\_

Employer Name/Address \_\_\_\_\_

If unemployed, please explain \_\_\_\_\_

7) Mother's Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Home Address \_\_\_\_\_

Occupation \_\_\_\_\_ Years Employed \_\_\_\_\_ Annual Salary \_\_\_\_\_

Employer Name/Address \_\_\_\_\_

If unemployed, please explain \_\_\_\_\_

8) Please list other sources and amounts of income and/or available funds (real estate, investments, interest, dividends, capital gains, rental income, business income, parsonage allowance, gifts).

\_\_\_\_\_

9) If there is a discrepancy between the AGI (adjusted gross income) on your IRS Form 1040 and the amounts you disclose on this page (#s 6 & 7), please explain \_\_\_\_\_

\_\_\_\_\_

10) Are you a single parent family?  Yes  No If yes, please complete page 2, if no, please go to page 3.

## Single Parent Family Information Form

1) Is the student-applicant's custodial parent  Separated  Divorced  Widowed  Remarried

2) If the student-applicant's custodial parent is separated or divorced, are child support payments being received?  
 Yes  No If yes, what is the amount per month being received? \_\_\_\_\_

3) Is the student-applicant's custodial parent  Mother  Father  Joint Custody

4) Is the student-applicant living with the custodial parent?  Yes  No If no, please specify guardian.

Guardian's Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Home Address \_\_\_\_\_

Occupation \_\_\_\_\_ Years Employed \_\_\_\_\_ Annual Salary \_\_\_\_\_

Employer Name/Address \_\_\_\_\_

If unemployed, please explain \_\_\_\_\_

Please list other sources and amounts of income and/or available funds (real estate, investments, interest, dividends, capital gains, rental income, business income, parsonage allowance, gifts).

\_\_\_\_\_

5) Is the custodial parent remarried?  Yes  No

Present Spouse's Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Years Employed \_\_\_\_\_ Annual Salary \_\_\_\_\_

Employer Name/Address \_\_\_\_\_

If unemployed, please explain \_\_\_\_\_

Please list other sources and amounts of income and/or available funds (real estate, investments, interest, dividends, capital gains, rental income, business income, parsonage allowance, gifts).

\_\_\_\_\_

6) If there is a discrepancy between the AGI (adjusted gross income) on your IRS Form 1040 and the amounts you disclose on this page (#s 4 or 5), please explain.

\_\_\_\_\_

7) Has the non-custodial parent been contacted for assistance with the Israel program fees?  Yes  No

If no, please explain \_\_\_\_\_

\_\_\_\_\_

8) Will the non-custodial parent assist in paying the Israel program costs?  Yes  No

If no, please explain \_\_\_\_\_

\_\_\_\_\_

## Supplementary Information

- 1) Do you own a home?     Yes     No                      If yes, what is your monthly mortgage? \_\_\_\_\_
- 2) Do you rent?                       Yes     No                      If yes, what is your monthly rent? \_\_\_\_\_
- 3) Please list make, model and year of all automobiles \_\_\_\_\_  
\_\_\_\_\_
- 4) Please list the number and ages of all children and/or dependents in your family:  
Number of Dependents \_\_\_\_\_      Ages \_\_\_\_\_
- 5) Do you have children in college?                       Yes     No                      How many? \_\_\_\_\_  
**Your** Annual College Expenses \_\_\_\_\_      Name of College(s) \_\_\_\_\_  
Do you receive scholarship assistance?     Yes     No      If yes, how much do you receive? \_\_\_\_\_
- 6) Do you have children in private schools?     Yes     No                      How many? \_\_\_\_\_  
**Your** Annual Cost for Tuition \_\_\_\_\_      Name of Private School(s) \_\_\_\_\_  
Do you receive scholarship assistance?     Yes     No      If yes, how much do you receive? \_\_\_\_\_
- 7) Is there anyone in your family who assists financially with tuition costs?     Yes     No  
If yes, how much do you receive? \_\_\_\_\_
- 8) How much is the family or applicant parent able to pay for the Israel program? \_\_\_\_\_
- 9) How much is the student able to earn toward the Israel program? \_\_\_\_\_
- 10) Has your family ever received an Israel scholarship from the Bureau of Jewish Education?     Yes     No  
If yes, what year(s)? \_\_\_\_\_                      Amount(s) Received \_\_\_\_\_
- 11) Is your child a member of the "Gift of Israel" program?                       Yes     No
- 12) What significant expenses are being incurred by your family that contributes to the need for a scholarship?  
*Please list specific expenses and approximate dollar amount (do **NOT** include medical expenses covered by insurance).*  
\_\_\_\_\_  
\_\_\_\_\_
- 13) Please state any additional reason(s) why the applicant's family or parent has requested this scholarship.  
\_\_\_\_\_  
\_\_\_\_\_

**Student Profile**  
**(To be completed by Israel applicant)**

Please describe your involvement in Jewish life \_\_\_\_\_

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Please describe your formal Jewish education (include schools and grades attended) \_\_\_\_\_

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Please explain why you want to go to Israel \_\_\_\_\_

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Have you ever been to Israel?     Yes     No

If you answered yes, when did you go? \_\_\_\_\_ What was the length of your trip? \_\_\_\_\_

What was the name of the trip provider? \_\_\_\_\_

What other country did this trip go to besides Israel? \_\_\_\_\_

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I give my permission to The Jewish Federation of Greater Houston's Bureau of Jewish Education to share scholarship information, and information relative to the applicant, with the Israel program and other organizations that provide scholarships.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*Funding for scholarships is made possible by donations to the  
Jewish Federation of Greater Houston's Annual Campaign.*