

**Jewish Scholarship Initiative  
2015-2016 Scholarship Application**

**OFFICE USE ONLY**

Family Name \_\_\_\_\_

Program \_\_\_\_\_

Duration \_\_\_\_\_

Amount Requested \_\_\_\_\_

Amount Granted \_\_\_\_\_

Date \_\_\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_

**Information provided in this application is confidential and  
will only be used for evaluation purposes.**

**PLEASE PRINT ALL INFORMATION**

**Date** \_\_\_\_\_

**Parent(s)/Guardian(s)** \_\_\_\_\_

**Main Contact Person** \_\_\_\_\_

**Number of persons in household (adults/ dependent children/ other dependents)** \_\_\_\_\_

**Name(s) & Age(s) of household members** \_\_\_\_\_

_____	_____
_____	_____
_____	_____
_____	_____

**Address** \_\_\_\_\_

**City/Town** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Day Phone** \_\_\_\_\_ **Evening Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

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NOTE: Upon receipt of this application by the Jewish Scholarship Initiative, this page will be removed and an anonymous number will be assigned to your application. Any information pertaining to the family's identity will be blocked out on all attached materials.

**VERY IMPORTANT: PLEASE REMEMBER TO ATTACH THE FRONT  
PAGE OF THE LATEST IRS 1040 FORM FOR EACH TAXPAYER**

VERY IMPORTANT: PLEASE ATTACH THE FRONT PAGE OF YOUR LATEST IRS 1040 FORM FOR EACH TAXPAYER and complete form below:

Gross Family Income for tax year 2014: \$\_\_\_\_\_ \$\_\_\_\_\_ \$\_\_\_\_\_  
Father Mother Other

Check one: ☐rent ☐own home

**Annual Spending on Jewish Life**

Day School Tuition @ _____	\$ _____
Tuition @ _____	\$ _____
Synagogue dues @ _____	\$ _____
Religious School fees _____	\$ _____
Jewish Camp @ _____	\$ _____
JCC Dues @ \$ _____/month	\$ _____
Youth Programs @ _____	\$ _____
(i.e. BBYO, NCSY, USY, etc.)	

Please itemize any other extraordinary expenses:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

*Please list the following for each child:*

<u>Program Participant</u>	<u>School/Program</u>	<u>Level</u>	<u>Tuition</u>	<u>Scholarship from Program</u>	<u>Tuition Balance</u>	<u>Office Use Only</u>
_____	_____	_____	\$ _____	\$ _____	\$ _____	
_____	_____	_____	\$ _____	\$ _____	\$ _____	
_____	_____	_____	\$ _____	\$ _____	\$ _____	
_____	_____	_____	\$ _____	\$ _____	\$ _____	
_____	_____	_____	\$ _____	\$ _____	\$ _____	
_____	_____	_____	\$ _____	\$ _____	\$ _____	
_____	_____	_____	\$ _____	\$ _____	\$ _____	

☐ I have not been informed of my scholarship award from school/program.

Please list any special circumstances evaluators should be aware of (feel free to attach an additional page) \_\_\_\_\_

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**For more information please contact: [jsi@jewishnewhaven.org](mailto:jsi@jewishnewhaven.org)**