

2024 JFGD Israel Scholarship Application

Guardian Financial Form

The Dallas Jewish Community Foundation (DJCF) is honored to partner in the administration of Israel scholarship opportunities made possible by the Jewish Federation of Greater Dallas (JFGD).

The submission deadline is 5pm on March 18th. To ensure an equitable process, no exceptions will be made for incomplete or late applications. All applications must be completed and submitted electronically to Natasha Shovar at nshovar@djcf.org.

Program Guidelines

Eligible programs for funding must be:

- Israel-based, but do not have to be exclusively based in Israel.
- At least 10 days in duration
- Include an Israeli or Jewish education component

Funds will be disbursed directly to the trip organizer, who must be a recognized 501c3 serving the Jewish community.

Income Guidelines

The committee gives every consideration to each eligible application and its related circumstances. While we do consider each family's situation, families earning more than \$140,000 are not likely to be awarded scholarships, unless there are extenuating circumstances which must be clearly explained in the application.

Your completed application must:

- Be filled out completely by both the parent/guardian and the applicant.
- Include the first page of the most recent IRS form 1040 for the household.
- Include a written statement by the applicant on why this trip is important to them.

Other Important Information

- To maintain confidentiality, families with more than one teen applying for scholarship funding, **MUST COMPLETE ONE FORM FOR EACH TEEN.**
- The electronic application must be completed in full to be considered.
- Scholarships for the full amount of the program will not be granted.
- Applicants are encouraged to seek out other sources of funding in addition to these funds.
- Parents are expected to make appropriate contributions to the cost of the program for their children.
- The Israel Scholarship Committee tasked with the consideration of your application will make all final decisions regarding scholarship award after assessing each applicant's situation on an individual basis and with no comparison to the other applicants.
- Please be aware that this is an application for consideration and not a guarantee or promise of funding.
- All the information requested for the electronic application is treated with the strictest confidentiality. Names and all identifying information are not included in any materials submitted to the Israel Scholarship Committee.
- If an award is made to an applicant, JFGD asks recipients to keep all information on the award, including the amount, strictly confidential.
- Each award is made based on multiple factors and in no way indicates the awards made to other applicants.
- All scholarship awards are directly credited toward a participant's outstanding balance and only after proof of travel is shown.
- Please provide any other information that you feel would be useful in considering your application.

TO BE COMPLETED BY PARENT/GUARDIAN

STUDENT INFORMATION

First Name _____ Last Name _____

PARENT/GUARDIAN FINANCIAL INFORMATION

FUNDING INFORMATION

Please complete the section below to indicate how you plan to cover the costs of the program.

Program Name: _____

Website: _____

Dates of Trip: _____ Cost of Trip: _____

Please do not leave any portion blank. Applicants are required to seek funding from any other sources possible. Please indicate where you are applying for additional funding:

Source: _____ Amount: _____

Congregation: _____ Amount: _____

Israel Experience Program: _____ Amount: _____

Other*: _____ Amount: _____

*Other sources include: family member, friend, Confirmation grants, grandparents, etc.

Parent contribution: _____

Amount of scholarship requested: _____

EXPENSES

Please describe your annual expenses emphasizing any extenuating circumstances that lead you to request scholarship funds.

PARENT/GUARDIAN INFORMATION

Parent/Guardian A name: _____ Occupation: _____

Place of employment: _____

Term of employment: _____

Is this full or part time employment: _____

Cell phone: _____ Work phone: _____

Email: _____

Parent/Guardian B name: _____ Occupation: _____

Place of employment: _____

Term of employment: _____

Is this full or part time employment: _____

Cell phone: _____ Work phone: _____

Email: _____

Composition of Family Household

Total number of persons in household: _____

Number of dependent children: _____

List ages: _____

Number of working children (under 18 years): _____

Number of other dependents: _____ Relationship: _____

Did your family come from another country? _____ If so, which country? _____

Date of arrival to U.S.: _____

Parents' marital status: _____

If divorced, or separated:

Date of divorce: _____ Custodial parent: _____

Has custodial parent remarried? _____ If yes, date: _____

Which parent claimed the applicant as a tax dependent for 2023? _____

Please include any financial assistance that your family receives from family, friends, or agencies/organizations:

**Please elaborate if there have been any significant changes in your financial situation. Maximum of 150 words

Please attach your most recent year of IRS form 1040. All information is kept strictly confidential and identifying information is withheld from the committee's review.