

**The Tzafon Region is a secondary source of scholarship funds. No funds can be granted until after scholarship funds have been requested and determination made from the USYer's synagogue (and the USY chapter's host congregation if different than the USYer's own affiliation).**

**TZAFON UNITED SYNAGOGUE YOUTH  
SCHOLARSHIP APPLICATION  
2011**

NATIV \_\_\_\_\_ “CLASSIC” USY ON WHEELS \_\_\_\_\_ MISSION MITZVAH \_\_\_\_\_

POLAND /ISRAEL \_\_\_\_\_ ITALY/ISRAEL \_\_\_\_\_ WHEELS EAST \_\_\_\_\_

EASTERN EUROPE/ISRAEL \_\_\_\_\_ ISRAEL ADVENTURE \_\_\_\_\_

ISRAEL ADVENTURE PLUS \_\_\_\_\_

**NOTE TO ALL APPLICANTS:** The basic requirement for a scholarship will be the financial need of the applicant. The Scholarship Committee will also be taking into consideration other sources of funds available to the applicant for the various programs. Information indicated on the scholarship application form and any discussion of the applications, will be held in the strictest confidence. In addition to need, the availability of scholarship funds will also be a major factor in determining how much will be granted. Of course, in addition to financial need, consideration of applications will also be based on individual merit.

Because of the nature of the scholarship program, you are asked to note that we will not be making any public announcements of scholarship winners.

1. NAME \_\_\_\_\_ PHONE NO.(    ) \_\_\_\_\_

2. ADDRESS \_\_\_\_\_  
CITY, STATE & ZIP \_\_\_\_\_

3. AGE \_\_\_\_\_ GRADE \_\_\_\_\_ NUMBER OF YEARS IN U.S.Y. \_\_\_\_\_

4. FATHER'S OCCUPATION \_\_\_\_\_  
NAME & ADDRESS OF BUSINESS \_\_\_\_\_

5. MOTHER'S OCCUPATION \_\_\_\_\_  
NAME & ADDRESS OF BUSINESS \_\_\_\_\_

6. OTHER CHILDREN IN THE FAMILY AND GRADES IN SCHOOL \_\_\_\_\_  
\_\_\_\_\_

7. NAME OF U.S.Y. CHAPTER \_\_\_\_\_

8. YOUR SYNAGOGUE AFFILIATION \_\_\_\_\_

9. DESCRIBE YOUR JEWISH EDUCATION:

<u>SCHOOLS ATTENDED</u>	<u>GRADES</u>	<u>DATES</u>

10. LIST YOUR INVOLVEMENT IN YOUR LOCAL USY CHAPTER, REGIONAL USY, OTHER JEWISH YOUTH GROUPS, SYNAGOGUE LIFE AND IN THE JEWISH COMMUNITY AT LARGE. (Attach additional sheets as needed.)

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11. PLEASE EXPLAIN HOW YOU WILL BE INVOLVED IN USY AND YOUR SYNAGOGUE UPON COMPLETION OF THE PROGRAM.

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FINANCES

Cost of the Program: as per the Registration Form: \$ \_\_\_\_\_ \*

Please approximate how you are planning to finance your trip:

<u>committed from these Sources?</u>	<u>AMOUNT REQUESTED</u>	<u>Funds</u>	
		<u>YES</u>	<u>NO</u>
Yourself	\$ _____ %	_____	_____
Parents & Family	\$ _____ %	_____	_____
Synagogue Scholarship/Subsidy	\$ _____ %	_____	_____
USY Scholarship-Regional (Please indicate how much you are requesting for Tikun Olam Scholarship)	\$ _____ %	_____	_____
Other (Specify) (i.e. Jewish Federation) _____	\$ _____ %	_____	_____
<b>TOTAL</b>	\$ _____ * <u>100 %</u>		

Because these are primarily need based scholarships the following information must be completed in order for your scholarship request to be considered. (If further subsidies come from other sources after filing this application, please send us supplementary information concerning these subsidies.)

Please check off family income range:

Up to \$15,000 _____	\$50,000 - \$60,000 _____
\$15,000 - \$20,000 _____	\$60,000 - \$70,000 _____
\$20,000 - \$25,000 _____	\$70,000 - \$80,000 _____
\$25,000 - \$30,000 _____	\$80,000 - \$90,000 _____
\$30,000 - \$40,000 _____	\$90,000 - 100,000 _____
\$40,000 - \$50,000 _____	over \$100,000 _____

**Please indicate below or on a separate page any additional personal or family information (such as other monetary commitments), which you feel may be of use to the committee in evaluating your scholarship application.**

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**Parent's Signature** \_\_\_\_\_

**KADIMANIK/USYer's Signature** \_\_\_\_\_

**\*\*Note: all signatures and information are required for the application to be processed.**

**Please return this form **BY APRIL 15, 2011** to: Tzafon U.S.Y. c/o Sandra Goldmeer 30 Farmingdale Rd., Latham NY 12110**