

The TZAFON Region is a secondary source of scholarship funds. No funds are generally 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 USYers own affiliation).

TZAFON REGION UNITED SYNAGOGUE YOUTH SCHOLARSHIP APPLICATION 2016-2017

PROGRAM APPLYING FOR:

- ___ ENCAMPMENT '16
- ___ INTERNATIONAL CONVENTION '16
- ___ Kinnus Gadol (Regional Convention) 2017

NOTE TO ALL APPLICANTS: The basic requirement for a scholarship is the **financial need** of the applicant. Determination for Scholarship also takes into consideration other sources of funds available to the applicant. Information indicated on the scholarship application and any required supporting documents, as well as any discussion of these documents, 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. All information and signatures must be included for an application to be considered.

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

NAME _____ PHONE # (_____) _____

ADDRESS _____ CITY _____, STATE ____ & ZIP _____

E-MAIL _____ AGE _____ YEARS IN USY/KADIMA _____

PARENT #1 OCCUPATION _____

NAME/ADDRESS OF BUSINESS _____

PARENT #2 OCCUPATION _____

NAME/ADDRESS OF BUSINESS _____

OTHER CHILDREN IN THE FAMILY & GRADE IN SCHOOL _____

NAME OF USY/KADIMA CHAPTER _____

YOUR SYNAGOGUE AFFILIATION _____

DESCRIBE YOUR JEWISH EDUCATION:

SCHOOLS ATTENDED

GRADES

DATES

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

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

FINANCES

APPROXIMATE ANNUAL HOUSEHOLD INCOME \$ _____ (ex: 1040 Adjusted Gross Income)

Cost of program (International Convention or Regional Convention), as per the Registration Form:
\$ _____

Please approximate how you are planning to finance the program:

	<u>AMOUNT</u>	<u>REQUESTED</u>	<u>Funds committed from these Sources?</u>	
			<u>YES</u>	<u>NO</u>
Yourself	\$ _____	_____ %	_____	_____
Parents & Family	\$ _____	_____ %	_____	_____
Synagogue Scholarship/Subsidy	\$ _____	_____ %	_____	_____
Amount Requested from USY	\$ _____	_____ %	_____	_____
TOTAL	\$ _____	100 %		

Because this fund is a need-based scholarship, the following information must be provided in order for your scholarship request to be considered.

Please include the following with your application:

- A letter stating your rationale for desiring fiscal support.

If further subsidies come from other sources after filing this application, please send us supplementary information concerning these subsidies.

Please indicate 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.

PARENT'S SIGNATURE _____

USYER'S SIGNATURE _____

***Note: Both signatures are required for us to process your application**

Please e-mail or mail this form SEPARATE from your Program registration form to:

TZAFON USY/KADIMA, 30 Farmingdale Rd, Latham, NY 12110
Goldmeer@uscj.org