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 USYers own affiliation).

TZAFON REGION UNITED SYNAGOGUE YOUTH SCHOLARSHIP APPLICATION 2015

PROGRAM APPLYING FOR:

____ KINNUS GADOL `15 _____ TRI-REGIONAL ENCAMPMENT `15 INTERNATIONAL CONVENTION `15

NOTE TO ALL APPLICANTS: The basic requirement for a scholarship is the <u>financial need</u> of the applicant. The Scholarship Committee 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. <u>All</u> 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 grant winners.

NAME		_ PHONE # ())
ADDRESS	_CITY	, STATE _	& ZIP
E-MAIL	_AGE	_ YEARS IN USY/KADIM	Α
FATHER'S OCCUPATION			
NAME/ADDRESS OF BUSINESS			
MOTHER'S OCCUPATION			
NAME/ADDRESS OF BUSINESS			
OTHER CHILDREN IN THE FAMILY & GRADE IN SCHOOL			
NAME OF USY/KADIMA CHAPTER			
YOUR SYNAGOGUE AFFLIATION			
DESCRIBE YOUR JEWISH EDUCATION: <u>SCHOOLS ATTENDED</u>		GRADES	<u>DATES</u>

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

Cost of program (Encampment, International Convention or Kinnus Gadol), as per the Registration Form: \$______

Please approximate how you are planning to finance Encampment:

, , , , , , , , , , , , , , , , ,			Funds committed from these Sources?	
	AMOUNT	REQUESTED	YES	NO
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. We also request a recent 1040 Federal tax form, but please know these are kept strictly confidential and know that your personal statements are of greatest influence.

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