

E. David Soltz Israel Scholarship Fund Application
of the Jewish Community Foundation of Greater Kansas City

The E. David Soltz Israel Scholarship Fund of the Jewish Community Foundation is a need-based scholarship intended to assist high school or college students seeking to attain a deeper understanding of Judaism and/or Israel while studying in the land itself.

Please print or type.

Name _____

Address _____

City, State & Zip Code _____

Applicant's Phone (_____) _____ E-mail _____

Parent(s)/Guardian _____

Parent(s)/Guardian Phone (_____) _____ Email _____

Date of Birth _____

School _____ Year in School _____

Full Name of Program _____

Total Cost of Program _____ Financial Assistance received elsewhere _____

How did you find out about this scholarship?

PLEASE NOTE: *If award is granted a copy of an invoice is required prior to remitting payment.*

Please return this form by **February 28** to:

Beatrice Fine
Director of Funder Services and Education
Jewish Community Foundation of Greater Kansas City
5801 West 115th Street, Suite 104
Overland Park, KS 66211

Please list the following activities in order of frequency and/or level of commitment:

I. Current School Activities

II. Current Activities Outside of School

III. Interests, Hobbies and Intellectual Pursuits

Please answer the following question on a separate page in 300-500 words (please type).

- Why do you want to go to Israel?

Please return this form by **February 28** to:

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Director of Funder Services and Education
Jewish Community Foundation of Greater Kansas City
5801 West 115th Street, Suite 104
Overland Park, KS 66211

Parent(s)/Guardians fill out the following information.

Please indicate if you have already submitted the following information to the Rabbi Gershon Hadas Guardian Society.

Date: _____

Kansas City Jewish Community

COMMUNITY FINANCIAL ASSISTANCE APPLICATION FORM

The following information is required to complete this application:

- 1. Most recent copy of your completed Individual Federal Tax Return or W2.** Both Federal Tax Return/W2s are necessary for families with separate household incomes. If you are self-employed, please include business tax returns, also. If you do not file an individual federal tax return you may be required to provide alternative documentation.
- 2. All questions on the Financial Assistance Form must be answered; those that are not applicable please write N/A.**
- 3. Signature on page 8.**

****All information provided on this application form will remain confidential. All information will be for the exclusive use of determining eligibility for financial assistance.**

CURRENT REQUEST

Please list name of agency, synagogue to which you are applying for financial assistance and the name of the specific program (use additional sheet if necessary):

Institution/Program	Full Fee	Amount you can pay

DEMOGRAPHIC INFORMATION

1.	Head of Household					
2.	Spouse/Domestic Partner					
3.	Address					
	City, State, Zip					
	Phone Number					
4.	Synagogue Member?	Yes	No			
	Which Congregation(s)					
5.	Marital Status	Married	Divorced	Separated	Widowed	Single
6.	Occupation of applicant					
	Position Title					
	Business Name					
	Business Address					
	Business Phone					
7.	Occupation of Spouse/Domestic Partner					
	Position Title					
	Business Name					
	Business Address					
	Business Phone					
8.	Name of First Dependent Child					
	Date of Birth					
	Grade in School					
	Name of Second Dependent Child					
	Date of Birth					
	Grade in School					
	Name of Third Dependent Child					
	Date of Birth					
	Grade in School					
	Name of Fourth Dependent Child					
	Date of Birth					
	Grade in School					
	Name of Fifth Dependent Child					
	Date of Birth					
	Grade in School					
	Names of other dependents living at home and relationship (Grandparents, etc.)					

9. Is this application due to an unusual situation or temporary circumstances? (please explain)

BASIC FINANCIAL INFORMATION

INCOME

10. Please indicate the amount of gross earnings you anticipate receiving during the current year.	
Salaries and/or business income (primary)	\$
Salaries and/or business income (spouse/domestic partner)	\$
Any explanation:	
Welfare Payments	\$
Disability Payments	\$
Social Security income	\$
Other (explanation):	

11. If you are divorced or separated, please answer the following questions:	
Monthly income from:	
Child support	\$
Maintenance	\$
If divorced or separated, who is responsible for payment of fees?	

12. Other individuals who regularly help pay for family expenses:	
Relationship	Annual Amount
	\$
	\$
	\$

EXPENDITURES

13. Please give amounts of payments anticipated during the current year for the following:	
Rent or mortgage payments	\$
Unusual medical expenses	\$
Maintenance/Child Support	\$

INFORMATION ABOUT PREVIOUS FINANCIAL ASSISTANCE REQUESTS

14. Have you or any member of your family received an adjusted fee for any program, membership or service within the Jewish Community?	Yes _____ No _____
If yes, list program(s) in the space below (use additional sheet if necessary):	

Institution/Program	Date	Full Fee	Amount You Paid
		\$	\$
		\$	\$
		\$	\$

15. Have you been denied financial assistance from any Jewish community program?	Yes _____ No _____
Institution/Program	Date

If you are applying for financial assistance in excess of \$500, please complete the following section. Otherwise, please continue to page 8 for your signature.

DETAILED FINANCIAL INFORMATION

INCOME

16. Please indicate the amount of gross earnings you anticipate receiving during the current year:	
Distributions from trust funds	\$
Pension/retirement income	\$
Interest/dividend income	\$
Other (explanation):	\$
	\$

EXPENDITURES

17. Please give amounts of payments anticipated during the current year for the following:	
Synagogue dues or other religious affiliations	\$
Installment loans and leases, including car	\$
Health Insurance	\$
Credit Card Debts	\$
School Fees/Tuition	\$
Day Care	\$

ASSETS

18. Please list the values of the family assets	
Home	\$
Less mortgage	\$
Equity in home	\$
Equities in other real property	\$
Cash in bank	\$
Savings and certificates of deposit	\$
Investment securities:	\$
Investment clubs	\$

Mutual funds	\$
Municipal bonds	\$
Stock and bonds	\$
Annuities	\$
Retirement Plans (IRA, 401K, 403B ...)	\$
Trust funds (if you have access to principal)	\$
Automobiles (make & year)	\$
	\$
	\$
	\$
Investment in business & partnerships	\$
Other assets	\$

LIABILITIES

19. Please list the family liabilities	
Bank loans (other than home or car)	\$
Other loans	\$
Other liabilities	\$
	\$
	\$
	\$
	\$

I declare that the information contained in this form, to the best of my knowledge and belief, is true, correct, and complete. I understand that funds available for assistance are limited and that the amount of assistance, if any, will be based on financial need and available funds.

_____ Date _____ Signature of Applicant

Tax Return Information:

- Tax form included (copy attached)
- Tax form to be provided later
- Tax form not required by government

Additional Comments (use additional sheet if necessary):