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**E. David Soltz Israel Scholarship Fund** Application

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?

**Scholarship will not be considered without a letter of recommendation.** Please see the attached recommendation form.

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:

[Scholarships@jcfkc.org](mailto:Scholarships@jcfkc.org)

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

1. Current School Activities

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Current Activities Outside of School

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Interests, Hobbies and Intellectual Pursuits

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please answer the following question on a separate page in 300-500 words (please type). We would like to see your own writing style; AI should not be used.

Why do you want to go to Israel?

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

[Scholarships@jcfkc.org](mailto:Scholarships@jcfkc.org)

**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 elegibility 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):

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**E. David Soltz Israel Scholarship Fund** Application

**Letter of Recommendation from Jewish communal professional referring applicant to this program, due February 28**

Name of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Recommender \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sponsoring Organization/Congregation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

On a separate sheet please comment on the applicant’s leadership qualities, emotional maturity and involvement with your organization/congregation. Please give specific instances that demonstrate why, even with the applicant’s limited participation in your programming, you view him/her as an individual with leadership potential.

Please return by **February 28** to:

[Scholarships@jcfkc.org](mailto:Scholarships@jcfkc.org)