

Program address: 1 Federation Way, #205 City: Irvine State: CA Country: Orange Zip: 92603				
Is this the address to which payments are mailed? YES				
Street	City	State	Country	Zip
<u>Student:</u> Personal Statement – Why do you want to participate in this program?				
<u>Parent:</u> Why do you feel this is a good program choice for your child?				
Other information that you feel is pertinent to this application:				
Recommendation will be sent by (name) _____ (his/her email) _____				
All information in the following section must be provided in full for the application to be considered. The following information is necessary to determine the level of funding that may be granted. All information received will be held in the strictest confidence.				
Into which of these ranges does your total household income fall: Under \$40,000 <input type="checkbox"/> \$ 41,000- \$75,000				
<input type="checkbox"/>				
\$76,000 – \$100,000 <input type="checkbox"/> \$101,000 - \$150,000 <input type="checkbox"/> \$151,000 - \$200,000 <input type="checkbox"/> Over \$200,000 <input type="checkbox"/>				
If a parent unemployed, which one and for how long?				
Student employed? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, average weekly salary \$ _____ Type of work _____				
Have you applied to other funding sources for assistance? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, to whom? _____				
What is the total cost of your program choice, including tuition, transportation and fees				\$ 4,995.00
What do you expect to receive, from other funding sources including family members:				\$
We can afford to pay:				\$
Amount requested				\$
What will you do if your full request is not funded?				
<p>By submitting this application, I certify that all information stated is correct and complete. The difference in cost between the program chosen and the grant funding/scholarship will be the responsibility of the family receiving the grant. If the applicant is unable for any reason to participate in the requested experience, and is entitled to a refund, the refund shall be applied first to repay any grant/scholarship funds to the extent of the grant/scholarship. Parents or Guardians of students granted funds under this program release Jewish Federation Orange County, The Bureau of Jewish Education Orange County and/or the Jewish Federation of Long Beach & West Orange County from any liability under any circumstances for problems and/or injury, etc., resulting from participation in the program chosen by the applicant. We understand and agree to these policies and procedures.</p>				
Submitted by: Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Self <input type="checkbox"/> Date _____				
NAME _____				
PLEASE REVIEW APPLICATION TO BE SURE ALL QUESTIONS HAVE BEEN ANSWERED.				
<i>Thank you for your application. Applications will be reviewed as soon as possible so that you will know what funding is awarded to your student prior to the February 12 deadline when your full deposit is due and a commitment to participation in TIES 2010 is required.</i>				