

TALIT NATION SCHOLARSHIP APPLICATION

Please send in this form along with your completed TALIT Nation application.

A separate application is required for each student. Information submitted on this form will be kept confidential.

DEADLINES for grant/scholarship funding requests: August 8, and September 19, 2014.

Student Name:		Grade (Sept. 2014):					
Student Current Street Address:							
City:		State:	Zip:				
Student Home Phone:	Cell P	hone:	Email:				
Father's Name	Cell Phone		Home Phone	E-mail			
	Address		City	State	Zip		
Mother's Name	Cell Phone		Home Phone	E-mail			
	Address		City	State	Zip		
Parent(s) marital status:	larried □	Divorced	Separated	Widow/Widower			
Names /ages of siblings living at home:							
Name of student's school:							
Synagogue Affiliation (if applicable):							
Committee members are especially interested in this section of the Grant Application.							
We encourage you to use additional space to adequately answer these questions. Extra-curricular activities and community service as well as the community(ies) in which these activities are performed:							
Student: Personal Statement – Why do you want to participate in this program?							
Parent: Why do you feel this is a good program choice for your child?							

All information in the following section must be provided in full for scholarship consideration. The information is necessary to determine the level of funding that may be granted.							
Parent - Please describe in detail the needs or special circumstances regarding your financial aid request:							
Into which of these ranges does your total household income fall: Under \$40,000 \$41,000-\$75,000 \$76,000 \$76,000 \$101,000 \$150,000 \$151,00							
If a parent is unemployed, which one and for how long?							
if a parent is unemployed, which one and for now long?							
Have you applied to other funding sources for assistance? YES NO If yes, to whom?							
TALIT Nation program choices:							
Three Retreat Package (applications must be submitted by 7/01/14	to receive early bird fee)	\$975	\$				
	2 Retreat Package \$750						
9th Grade Initiation fee* (to be paid only if you're not a memb	\$340	\$					
T	wo Overnight Package	\$200	\$				
0	ne Overnight Package	\$125	\$				
Advar	nced Camp Leadership	\$350	\$				
Young Philanthropy \$36			\$				
Jewbilation Pre-Pay Package (save \$5 on each Saturday Night Social) \$60			\$				
Total Cost of TALIT Nation program choices: \$							
Less what you expec	Less what you expect to receive from other funding sources: \$						
What can you afford to pay:							
Total Scholarship amount requested:							
By submitting this application, I certify that all information stated is correct and complete. The difference in cost between the programming chosen and the grant funding/scholarship will be the responsibility of the family receiving the scholarship.							
If awarded scholarship funds from the Bureau of Jewish Education, the recipient agrees to participate in the following:							
 (a) Write a thank you letter which we will share with our donors, thanking them for helping to make this experience possible; and (b) Support our fund raising efforts by helping us with our annual Phonathons and other fund raising events for future Bureau scholarships. 							
Parent/Guardian:	Date:						
Student:	Date:						
Thank you for your application. Applications will be reviewed as soon as possible after our deadline dates. You will then be notified the results of your scholarship award. Questions: contact Sheri Gropper, Director of Operations, 949-435-3450 x329 Bureau of Jewish Education ~ 1 Federation Way, Suite 205, Irvine 92603 ~ (949) 435-3450 phone ~ (949) 435-3456 fax							