



FINANCIAL AID APPLICATION

Incomplete Applications will not be considered.
All applications must include COMPLETE current Tax documents & W-2.
Submission of application must be made by appropriate deadline.

Please e-mail this application to LAJTI@JewishLA.org or mail it to: LAJTI Financial Aid Committee
The Jewish Federation, 6505 Wilshire Blvd., Ste. 900, Los Angeles, CA 90048

Name of Applicant _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Applicant E-mail _____ Date of Birth _____ Age _____ Grade _____

Do you belong to a synagogue? Yes No If yes, which one: _____

How did you hear about this scholarship? Newspaper ad Friend Synagogue Other _____

Name of Youth Program _____ Cost of Program _____

Name of Sponsoring Organization (NFTY, USY<JCC, etc.) _____

Program Contact Person _____ Date of Program _____

Has applicant participated in a Jewish youth program before? Yes No

List Names and Years _____

YOUR FAMILY (Attach additional sheet, if needed.)

Sibling's Name _____ Current Grade _____

Sibling's Name _____ Current Grade _____

Sibling's Name _____ Current Grade _____

Parents are: Married Separated Divorced Single (Never Married) Widowed

Applicant lives with: Both Parents/Guardians Mother/Guardian 1 Father/Guardian 2

PARENT/GUARDIAN 1

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ E-Mail _____

Employer _____

Position _____

Years w/Employer _____ Work Phone _____

Self-Employed? Yes No

If Unemployed, Date Unemployed _____

Gross Salary Before Unemployed _____

Former Profession _____

PARENT/GUARDIAN 2

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ E-Mail _____

Employer _____

Position _____

Years w/Employer _____ Work Phone _____

Self-Employed? Yes No

If Unemployed, Date Unemployed _____

Gross Salary Before Unemployed _____

Former Profession _____

YOUR FINANCIAL AID REQUEST

Have you received financial aid from The Jewish Federation in the past? Yes No

From what other sources are you seeking financial aid for your program? Please contact as many sources as possible.

Organization	Phone	Contact	Amount Expected

HOW DO YOU PLAN TO COVER THE COST OF THE PROGRAM?

Non-Federation Subsidy Total

A. Total Program Expense▶

B. Family can afford (Scholarships are based on the expectation that families contribute.)▶

C. Non-Federation subsidies (Total From Organization List Above)▶

D. Total lines B and C▶

FINANCIAL AID REQUEST FROM FEDERATION/BJE (subtract line D from line A)▶

1. FAMILY ASSET AND LIABILITY INFORMATION

STATEMENT OF TOTAL CASH (Attach additional sheet, if needed.)

Type of Account

Present Balance

Checking▶

Savings/CD's▶

Trust▶

Total Stocks, Bonds and Mutual Funds▶

Other▶

Total

2. STATEMENT OF PERSONAL RESIDENCE AND OTHER REAL ESTATE (Attach additional sheet, if needed.)

Type of Account

Year Acquired

Original Cost

Current Value

Loan Balance

Monthly Payment

A. Personal Home (1st)

B. Personal Home (2nd Mortgage)

C. Second Home/Timeshare

D. Investment Property

Total

3. STATEMENT OF RETIREMENT FUNDS (Attach additional sheet, if needed.)

Type	Original Value	Current Value
Total Pension Plan		
Total IRA Account (401k, 403b?)		

4. STATEMENT OF PERSONAL VEHICLE(S) (Attach additional sheet, if needed.)

Year	Own/Lease	Make & Model	Original Cost	Current Value	Loan Balance	Monthly Payment
Total						

5. STATEMENT OF PERSONAL LOANS/CREDIT CARD DEBTS, MEDICAL AND OTHER LIABILITIES (Attach additional sheet, if needed.)

Creditor's Name	Type of Organization	Current Balance	Monthly Payment
Total			

6. STATEMENT OF CURRENT SCHOOL TUITION (If applicable, entire family; attach additional sheet, if needed.)

Child's Name	Relationship to Applicant	School Name	Grade Level	Full Tuition Amount	Room & Board (if not included)	Financial Aid Amount	Parent(s) Monthly Payment
Total							

7. FAMILY INCOME/EXPENSE INFORMATION

A. INCOME

Must submit complete federal tax return as backup. Please complete and submit current tax return by appropriate due date.

Budget Summary: Gross Income & Expenses

Reporting: Both Parents/Guardian One Only

Previous Tax Year

Please complete and submit previous year's tax returns as back up

Annual Amounts

Current Tax Year

*Please project this income/indicate with ** areas of change*

Annual Amounts

1st Parent's Salary: Wages, Commissions

2nd Parent's Salary: Wages, Commissions

Interest (from Stocks, Bonds, Other)

Dividends (Schedule B)

Tax Refunds, Credits, or Offsets of State and Local Taxes

Alimony Received

Business Income or Loss (From Schedule C or C-EZ)

Capital Gain or Loss (Schedule D)

Pension Income, Annuities, IRA Distributions

Social Security

Unemployment

Rental Real Estate, Royalties, Partnerships, Trusts, S Corp

Other Taxable Income (Check Which): ADFC Cal Works Food Stamps Government Assistance

Other Non-Taxable (Please Specify)

Child Support or Decreed Shared Child Expense Contribution

Family/Friends Financial Assistance

Total Annual Income