



APPLICATION FOR SCHOLARSHIP

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GENERAL INSTRUCTIONS

DEADLINE for scholarship application is May 1, 2024.

Refer to criteria below for eligibility requirements.

Refer to application process below for a list of the supporting documents needed.

Incomplete applications will not be considered.

If any question does not apply to you in this application, please put N/A in the space.

You will be notified by mail and/or email of consideration.

If you have any questions about the application, please email info@amudimisrael.org

PURPOSE

To support exemplary youth who will be attending Amudim and are unable to pay partial/total tuition. Amount of scholarship will be based on each applicant's individual needs.

CRITERIA

- Enrollment at Amudim.
- Sufficient evidence of financial hardship.

APPLICATION PROCESS

Applicant must submit the following items:

- II. Letter of application addressed to the Scholarship Committee. The letter should contain:
 - o Number of children in the family.
 - o Schools siblings attend and the full tuition amount as well as the amount paid for the current year and the prior year for the student as well as each sibling in the family.
 - o Summary of the family's financial situation.
 - o Any specific special circumstances we should know of.
 - o Accurate forecast of how much you believe you can pay and in what manner of payments.
 - o Anything else you think relevant.
- III. Tax returns from the past two years.
- III. Copies of the tuition bills for the current year and the prior year (feel free to have the school email them directly to us, if needed).

Deadline for the application is May 1, 2024.

Applications sent after this date will not be considered for early decision.

Amudim Scholarship Application 2024

	Student Name:	Email for scholarship correspondence:		
2.	Mailing Address:			
	Street: _____			
	City:	State:	ZIP:	
3	Daytime Telephone Number: () -			
4	Date of Birth: Month	Day	Year	
5	Current High School:		Number of years attended:	
6	Name & address of parent(s) or legal guardian(s): Use reverse side of application if you need more space. Name (s) _____			
	Street: _____			
	City: _____	State: _____	ZIP: _____	
	Home phone of parents or legal guardians:			

7	<p>A. The following items must be attached to this application <u>in order for</u> the application to qualify to be reviewed by the scholarship committee.</p> <p>B. Your application will be returned to you if these items are not attached. (No exceptions.)</p> <p>C. Circle "YES" or "NO" to be sure you have attached each item as required.</p>		
	YES	NO	Last two years of parent's tax returns
	YES	NO	Letter of Application to Scholarship Committee
	YES	NO	Copy of Tuition Bill (for all children in family) for current year and prior year

STATEMENT OF ACCURACY

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge.

Signature of scholarship applicant: _____ Date: _____
(Submitting parent, or student – if independent)

REMEMBER

The deadline for this application to be received by the committee is May 1, 2024