



Financial Assistance Grant Application

You must complete **ALL** sections on this form in order to enable us to find the most suitable scholarship grant for your son. If a specific section is not applicable, please write "N/A." All information on this application will be reviewed by the Jewish Education Scholarship Fund **ONLY** and will be kept confidential.

Family Information				
Parents	Father's First Name:	Mother's First Name:	Last Name:	
Phone	Home:	Father Cell:	Mother Cell:	
Email	Father's Email:		Mother's Email:	
Address	Address:		City, State, Zip:	
Parents Marital Status	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated	<input type="checkbox"/> Widowed
Number of Children in the Family:			Number of Married Children:	
Employment				
Father:	Occupation:	Company Name:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	<input type="checkbox"/> Self-Employed
Mother:	Occupation:	Company Name:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	<input type="checkbox"/> Self-Employed
Income				
<i>List all income on an annual basis</i>				
	Current / Last Year			
Father's Gross Earnings				
Mother's Gross Earnings				
Parsonage				
Interest/Dividends/Other Income				
Rental Income – Gross				
Other Income (ex: parental help)				
Total of Above Items				
Do you receive the following:	Section 8: <input type="checkbox"/> Yes <input type="checkbox"/> No	Food Stamps: <input type="checkbox"/> Yes – How Much? _____	Medicaid: <input type="checkbox"/> Yes <input type="checkbox"/> No	

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Liabilities & Expenses				
Residence	<input type="checkbox"/> House	<input type="checkbox"/> Own	Monthly Mortgage Payments:	
	<input type="checkbox"/> Apartment	<input type="checkbox"/> Rent	Monthly Rent Payments:	
List all additional Monthly Expenses				
Gas:	Electricity:	Insurance:		
Other:				
	Name of Child	Grade	School/Yeshiva Name (or at home)	Tuition <u>You are Paying</u>
<div style="display: flex; justify-content: space-between;"> <div style="width: 15%;"> <p>Children at HOME or enrolled ELSEWHERE</p> </div> <div style="width: 85%;"></div> </div>				
Total Expenses \$				

I agree that if there are any significant changes in the information above (income increase, new employment, etc.) I will promptly notify the Jewish Education Scholarship Fund. The above information is correct to the best of my knowledge and I understand that we reserve the right to request more paperwork if necessary.

Print Name: _____

Date: _____

Signature: _____