

March of the Living Financial Aid Information

STEP 1: PROGRAM APPLICATION: Students must fill out the Electronic March of the Living-Southern Region Application Form and submit all required items. We only accept application forms from, our website: www.molsouth.org. **You will be informed of an interview date once we receive all required items.**

STEP 2: SYNAGOGUE / DAY SCHOOL: If you are a member of a synagogue or attend a Jewish Day School, please call your Day School Director, Rabbi, Education Director and/or Youth Director to inform them of your interest in the March of the Living. See www.molsouth.org for your city's March of the Living Contacts.

STEP 3: REGIONAL SCHOLARSHIP and FINANCIAL AID PROCEDURES: See www.molsouth.org for your city's March of the Living Contacts and be in touch with them directly

HOW TO APPLY FOR FINANCIAL AID:

1. **2023 Tax Package:** Parents place a **complete copy (including all backup forms and schedules)** of their latest federal tax forms (**2023**) in a sealed envelope. (Incomplete packages cannot be considered)
2. **Extenuating Circumstances:** Please include, in a letter, or on the attached sheet, all pertinent details relating to your family's finances and situation. Student should write something, as well.
 - Tax forms are reviewed by a staff member & Financial Assistance Committee Chairs. Full confidentiality is maintained.
3. Fill out the enclosed forms (next two pages) completely and send to:

Boca Raton and Delray Beach:

March of the Living Financial Aid
9901 Donna Klein Blvd.
Boca Raton, Florida 33428

ALL OTHER Cities:

See www.molsouth.org for participating agencies & contacts. Contact them, as posted.

Please be sensitive to the following time frame

Now through October 31, 2024:

- Interviews for student candidates are scheduled for the program. Students must meet requirements and attend an interview prior to being considered for Financial Assistance.
- A deposit is required (If need be, the amount can be discussed with March of the Living staff by calling 561-852-6041)
- Financial Aid inquiries to synagogues and MOL are accepted.

October 31, 2024: These Financial Aid requests are due MOLSouth offices.

Questions? Call 561-852-6041 OR Email mol@bocafed.org

Financial Aid is considered in a confidential manner.
The Southern Region prides itself on awarding assistance to all families with valid requests.

Student Name: _____

Age: _____ **Grade:** _____ **Student Email: (No school emails)** _____

Synagogue name (If member?): _____ **Contact at Synagogue:** _____

Parent(s) Names: _____ / _____
Parent 1 Parent 2

Parent(s) Emails: _____
Parent 1

Parent 2

Parents Phones:

Parent 1 HOME Parent 1 CELL Parent 1 WORK

Parent 2 HOME Parent 2 CELL Parent 2 WORK

Addresses:

Parent 1 Home Street Address City State Zip

Parent 2 Home Street Address City State Zip

Parent's Marital Status: ☐ Married ☐ Divorced ☐ Separated ☐ Single ☐ Widowed

Synagogue name (If member?): _____ **Contact at Synagogue:** _____

Have you applied to your synagogue for financial assistance? ☐ YES ☐ NO

Name of previous Israel Program student applicant has attended (if any):

A complete 2023 tax return package (including all schedules) must accompany this form.

INCOME:

1. <u>Parent 1 annual income before taxes</u> (W-4) \$ <input type="text"/> 2. <u>Parent 2 annual income before taxes</u> (W-4) \$ <input type="text"/> 3. <u>Annual income from:</u> ~ Investments (stocks, savings, bonds, rents, etc): \$ <input type="text"/> ~ Social Security Benefits: \$ <input type="text"/> ~ VA benefits: \$ <input type="text"/> ~ Other Income: \$ <input type="text"/>	4. <u>Other financial sources you will seek:</u> ~ Family & Friends (grandparents, and other relations) \$ <input type="text"/> ~ Synagogue / School / Student/ Job: \$ <input type="text"/> ~ Synagogue / School / Student/ Job: \$ <input type="text"/> ~ Other Subsidies or Scholarships: \$ <input type="text"/> 5. <u>Total your family seeks in financial assistance from the March of the Living Scholarship Fund that will enable applicant to participate in the program:</u> \$ <input type="text"/>
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NOTE: A requirement of anybody receiving financial assistance is volunteering in the Jewish community after the March and expressing thanks to donors. **This intention should be noted here by the applicant:**

EXPENSES: Very Important. Here, or on separate copy, emphasize the extenuating circumstances that lead you to request scholarship funds.

Applicant Name (Printed)

Applicant Signature

Parent (Guardian) Name (Printed)

Parent (Guardian) Signature