

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: Once you have applied to your synagogue, indicate the name of the person with whom you filed at your synagogue. Then, submit the attached forms to your city's March of the Living representative by following the directions below. See www.molsouth.org for your city's March of the Living Contacts.

HOW TO APPLY FOR FINANCIAL AID:

1. **2020 Tax Package:** Parents place a **complete copy** (including all backup forms and schedules) of their latest federal tax forms (**2020**) 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 November 1, 2021:

- 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.

November 1, 2021: Financial Aid requests due in MOL Office.

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

FINANCIAL AID REQUEST for the MARCH of the LIVING

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): _____

Parent(s)
Names: _____ / _____

Parent 1

Parent 2

Parent(s)
Emails: _____ / _____

Parent 1

Parent 2

Parent(s)
Phones: _____ / _____

Parent 1 (Home)

Parent 2 (Home)

_____ / _____

Parent 1 (Cell)

Parent 2 (Cell)

_____ / _____

Parent 1 (Work)

Parent 2 (Work)

Parent(s)
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): _____

FINANCIAL AID REQUEST for the MARCH of the LIVING

A complete 2020 tax return package (including all schedules) must accompany this form.

INCOME:

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|---|
| 1. <u>Parent 1 annual income before taxes</u> (W-4) \$ <input style="width: 100%;" type="text"/> |
| 2. <u>Parent 2 annual income before taxes</u> (W-4) \$ <input style="width: 100%;" type="text"/> |
| 3. <u>Annual income from:</u> ~ Investments (stocks, savings, bonds, rents, etc): \$ <input style="width: 100%;" type="text"/> ~ Social Security Benefits: \$ <input style="width: 100%;" type="text"/> ~ VA benefits: \$ <input style="width: 100%;" type="text"/> ~ Other Income: \$ <input style="width: 100%;" type="text"/> |

| |
|---|
| 4. <u>Other financial sources you will seek:</u> ~ Family & Friends (grandparents, and other relations) \$ <input style="width: 100%;" type="text"/> ~ Synagogue / School / Student/ Job: \$ <input style="width: 100%;" type="text"/> ~ Synagogue / School / Student/ Job: \$ <input style="width: 100%;" type="text"/> ~ Other Subsidies or Scholarships: \$ <input style="width: 100%;" type="text"/> 5. <u>Total your family requires in financial assistance that will enable applicant to participate in the program:</u> \$ <input style="width: 100%; border-bottom: 3px double black;" type="text"/> |
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NOTE: Financial aid recipients agree to acknowledge donors with written expression of thanks. In addition, volunteering in the Jewish community will occasionally be required after the March.

Personal Statement: Please detail extenuating circumstances regarding your request for scholarship funds. (Continue on a separate sheet of paper if necessary)

Applicant Name (Printed)

Applicant Signature

Parent (Guardian) Name (Printed)

Parent (Guardian) Signature