

# 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](http://www.molsouth.org).

**STEP 2: SYNAGOGUE / DAY SCHOOL:** If you are a member of a synagogue or attend a Day School, you must **first** request aid from your synagogue or school. Call your Day School Director, Rabbi, Education Director and/or Youth Director to find out the procedure for financial aid at your synagogue.

**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](http://www.molsouth.org) for your city's March of the Living Contacts.

*If your family is not currently synagogue affiliated,  
you may apply directly to your city contacts.*

## **HOW TO APPLY FOR FINANCIAL AID:**

- 2017 Tax Package:** Parents place a **complete copy (including all backup forms and schedules)** of their latest federal tax forms (**2017**) in a sealed envelope. (Incomplete packages cannot be considered)
- Please include, in a letter, or on the attached sheet, all pertinent details relating to your family's finances and any **extenuating circumstances**. Student should write something, as well.
  - Tax forms are reviewed by a staff member & Financial Assistance Committee Chairs. Full confidentiality is maintained.
- 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](http://www.molsouth.org) for participating agencies & contacts. Contact them, as posted.

## **Please be sensitive to the following time frame**

### **Now through November, 2018:**

- Interviews for student candidates are scheduled for the program. Students must meet requirements and attend an interview to be considered for Financial Assistance.
- A deposit is required (If need be, the amount can be discussed with March of the Living Director or your City Representative)
- Financial Aid inquiries to synagogues and MOL are accepted.

**November 26, 2018:** These Financial Aid requests are due to your local MOL office.

**Questions? Call 561-852-6013 OR Email [mol@bocafed.org](mailto:mol@bocafed.org)**

Financial Aid is considered in a confidential manner. No legitimate request is refused. Each city in the Southern Region has particular processes. Applicants & their family are responsible to follow-up in their cities. See [www.molsouth.org](http://www.molsouth.org) for your local contacts and information.

**Student Name:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Student Email:** (Not a school email) \_\_\_\_\_

**Synagogue name (If member?):** \_\_\_\_\_ **Contact at Synagogue:** \_\_\_\_\_

**Parent(s) Names:** \_\_\_\_\_ / \_\_\_\_\_  
MOM DAD

**Parent(s) Emails:** \_\_\_\_\_  
MOM

\_\_\_\_\_ DAD

**Parents Phones:**

\_\_\_\_\_ Mom HOME Mom CELL Mom WORK

\_\_\_\_\_ Dad HOME Dad CELL Dad WORK

**Addresses:**

\_\_\_\_\_ Mom Home Street Address City State Zip

\_\_\_\_\_ Dad 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? (Circle one)** YES NO

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

\_\_\_\_\_



**A complete 2017 tax return package (including all schedules) must accompany this form.**

**INCOME:**

**1. Father's annual income before taxes** (W-4)  
 \$

**2. Mother's annual income before taxes** (W-4)  
 \$

**3. Annual income from:**

- ~ Investments (stocks, savings, bonds, rents, etc):  
 \$
- ~ Social Security Benefits:  
 \$
- ~ VA benefits:  
 \$
- ~ Other Income:  
 \$

**4. Other financial sources you will seek:**

- ~ Family & Friends (grandparents, and other relations)  
 \$
- ~ Synagogue / School / Student/ Job:  
 \$
- ~ Synagogue / School / Student/ Job:  
 \$
- ~ Other Subsidies or Scholarships:  
 \$

**5. Total your family requires in financial assistance that will enable applicant to participate in the program:**  
 \$

**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.

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\_\_\_\_\_  
**Applicant Name (Printed)**

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**Parent Name (Printed)**

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Parent (Guardian) Signature**

