March of the Living Financial Aid Information

- <u>STEP 1:</u> <u>PROGRAM APPLICATION</u>: 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: <u>www.molsouth.org</u>. 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. <u>2022 Tax Package</u>: Parents place a <u>complete copy</u> (<u>including all backup forms and schedules</u>) of their latest federal tax forms (<u>2022</u>) 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, 2023:

- 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, 2023: These Financial Aid requests are due MOLSouth offices.

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

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

| Student Name: | | | | | |
|--|------------------------|--------------------|----------------|-----------|-----|
| Age: Grade: Student E | mail: (No school ema | nils) | | | |
| Synagogue name (If member?): | | Contact a | t Synagogue: _ | | |
| Parent(s) Names: | | / | | | |
| Parent | 1 | | Parent 2 | | |
| Parent(s) Emails: | Parent 1 | | | | |
| | | | | | |
| Parents Phones: | Parent 2 | | | | |
| Parent 1 HOME | Parent 1 | CELL | Parei | nt 1 WORK | |
| Parent 2 HOME Paren | | CELL Parent 2 WORK | | nt 2 WORK | |
| Addresses: | | | | | |
| Parent 1 Home Street Address | | City | | State | Zip |
| Parent 2 Home Street Address | | City | | State | Zip |
| Parent's Marital Status: | ed 🗖 Divorced | ☐ Separated | ☐ Single | ☐ Widowed | |
| Synagogue name (If member?): | | Contact at | t Synagogue: _ | | |
| Have you applied to your synagogue for | r financial assistance | ? □ YES | □ NO | | |
| Name of previous Israel Program stude | ent applicant has atte | ended (if any): | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

A complete 2022 tax return package (including all schedules) must accompany this form.

INCOME:

| Parent 1 annual income before taxes (W-4) | 4. Other financial sources you will seek: |
|---|--|
| \$ | ~ Family & Friends (grandparents, and other relations) |
| | \$ |
| . Parent 2 annual income before taxes (W-4) | ~ Synagogue / School / Student/ Job: |
| \$ | \$ |
| . Annual income from: | ~ Synagogue / School / Student/ Job: |
| ~ Investments (stocks, savings, bonds, rents, etc): | \$ |
| \$ | ~ Other Subsidies or Scholarships: |
| ~ Social Security Benefits: | \$ |
| \$ | 5. Total your family requires in financial |
| ~ VA benefits: | assistance that will enable applicant to participate in the program: |
| \$ | |
| ~ Other Income: | \$ |
| \$ | |
| NOTE: A requirement of anybody receiving finan- after the March and expressing thanks to donors. EXPENSES: Very Important. Here, or on secircumstances that lead you to request scholars. | This intention should be noted here by the applicant: eparate copy, emphasize the extenuating |
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