March of the Living Financial Aid Information

Steps to Apply for Financial Assistance – March of the Living

Step 1: Program Application

Complete the *March of the Living – Southern Region* online application and submit all required materials through www.molsouth.org. Once everything is received, you'll be notified of your interview date.

Step 2: Synagogue/Day School

If you belong to a synagogue or attend a Jewish day school, contact your Rabbi, Education Director, or Youth Director to share your interest in participating. Local contact info is available at www.molsouth.org.

Step 3: Regional Scholarship & Financial Aid

Visit www.molsouth.org to find your city's March of the Living contacts and reach out directly for scholarship and financial aid procedures.

How to Apply for Financial Aid

1. Submit 2024 Tax Package

Parents must provide a **complete copy** of their 2024 federal tax return, including all supporting forms and schedules, in a **sealed envelope**. *Incomplete applications cannot be considered.*

2. Include Extenuating Circumstances

Attach a **letter explaining any special financial circumstances** affecting your family's situation. Students should also include a brief statement. All tax forms are reviewed **confidentially** by a staff member and the Financial Assistance Committee Chairs.

3. Send Completed Forms To:

Boca Raton and Delray Beach:
March of the Living Financial Aid
9901 Donna Klein Blvd.
Boca Raton, FL 33428

All Other Cities:
Visit www.molsouth.org for local agency information and contact details.

Financial Aid Timeline – Please Note Carefully

Now through October 31, 2025

- **Student Interviews:** Interviews for program candidates are being scheduled. Students must meet all requirements and **complete an interview** before being considered for financial assistance.
- **Deposit:** A program deposit is required. If needed, the amount can be discussed with March of the Living staff at **561-852-6041**.
- **Financial Aid Inquiries:** Requests and inquiries to synagogues and March of the Living are currently being accepted.

October 31, 2025

- **Deadline:** All financial aid applications must be **received by the MOL South offices** by this date.

Questions?

📞 **Call:** 561-852-6041
✉ **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**) _____

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 2024 tax return package (including all schedules) must accompany this form.

INCOME:

1. Parent 1 annual income before taxes (W-4)
$
2. Parent 2 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 seeks in financial assistance from the March of the Living Scholarship Fund 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) **Applicant Signature**

_____ _____

Parent (Guardian) Name (Printed) **Parent (Guardian) Signature**