



Moshava Alevy Scholarship Application - Summer 2024

Please read carefully before applying for a Moshava Alevy scholarship

Your child(ren) must be registered for Summer 2024 with a paid deposit before your application will be considered. No scholarship applications will be considered without a camper application and deposit for each child. Additionally, we require \$250 monthly tuition payments to be made until your scholarship decision is finalized. Once your scholarship is finalized, all payments will be applied to the final due tuition. If the amount of scholarship offered is not sufficient to meet your needs, all paid monies will be refunded in full.

Completed scholarship applications, along with all supporting documents, should be submitted electronically to the camp office at aliza@moshavaalevy.org for review by the scholarship committee, which will be meeting monthly to review applications. **Only complete application and documents will be considered.** Scholarship applications must be submitted within 30 days of enrollment in order to be considered. As the application requests, please remember to attach a memo explaining why you are applying for financial aid, and include any additional information you would like the committee to be aware of when they are considering your application. The scholarship committee reserves the right to request further information should they feel it necessary.

The scholarship committee will be in touch with you once they have reached their decision. Please understand that scholarship funds are limited so that we can help as many families as possible. We ask that families be honest and realistic in the amount of aid requested so that we can address all our requests in a fair manner.

We look forward to working with you and welcoming your child to Moshava Alevy this summer. If you have questions about the scholarship process, please contact our office at (310) 248-2450

Jordana Wertheimer
Director, Moshava Alevy

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Application instructions:

Your child(ren) must be registered for Summer 2024 before your application will be considered.

Please complete this form and return to our office with the following supporting documentation:

- Federal income tax return for each parent for the last two years, including Form 1040 and all supporting schedules & forms sent to the IRS.
- Auto-Insurance Policy Cover Page
- Copy of Home Lease (if renting)
- Latest pay stub
- Copy of tuition agreement with school

Please share information for each child attending Moshava Alevy this summer:

Name of Child	Age	Date of Birth	School Attending

Street _____

City, State, Zip _____

Synagogue: _____ Rabbi: _____

Email: _____ Phone: _____

The information given in this application is for the purpose of applying to Moshava Alevy for a financial subsidy.

I, the undersigned, state that all statements made herein are true. False or misleading statements will cause this application to be rejected with no further consideration.

Father's Signature (or Legal Guardian): _____ Date: _____

Mother's Signature (or Legal Guardian): _____ Date: _____

The undersigned is applying for a financial subsidy in the amount of \$_____.

Family Information

Father's Name (or Legal Guardian) _____

Occupation _____ Employer _____

Business Address _____

Contact Phone _____ Email _____

Owner

Partner

Employee

Mother's Name (or Legal Guardian) _____

Occupation _____ Employer _____

Business Address _____

Contact Phone _____ Email _____

Owner

Partner

Employee

Marital Status of parents: _____

If Divorced, Child lives with: _____

If parents are divorced, or separated, what amount of court ordered support is being received for the camper?

Child Support: _____ Alimony: _____

Please provide information for each of your children:

Name Of Child	Grade	School Attending	Yearly Tuition	Actual Tuition Paid

Financial History

	2021	2022	2023 (Estimated)
Total # of Exemptions			
Wages, Salaries, Tips (Father)			
Wages, Salaries, Tips (Mother)			
Interest, Investment, Other income			
Net Income form Firm (If Applicable)			
Total Family Income			
Income Tax Paid Federal, State, City			
Medical/Dental Expenses not covered by insurance			
Alimony payments, Child Support (if Applicable)			

Assets: Do you rent an apartment or home? _____ Monthly rent _____

Do you own a home, condominium or co-op? _____

Current market value _____ Unpaid mortgage _____

Monthly mortgage _____ Purchase price and year _____

Jewish Free Loan Association: Have you applied for an interest free loan from Jewish Free Loan Association, providing up to \$5,000 in free financing for Jewish Camping?

___ Yes ___ No

Jewish Federation: List your local Federation: _____

Has your family applied for financial assistance from your local Federation? ___ Yes ___ No

Please share relevant details: _____

Other Sources: Please list other sources of assistance you have reached out to:

Name Of Source	Date Applied	Subsidy Requested	Response

Other Relevant Information: Please attach a memo explaining why you are applying for aid and list any extenuating circumstances for consideration.