



3200 Motor Avenue, Los Angeles, CA 90034

2020-21 SCHOLARSHIP REQUEST Jewish Life Programs: Nes Gadol & The Blessing Exchange

Please read the Scholarship Procedure document to ensure you provide all of the required documentation. Without this, the application form cannot be processed.

I am requesting a scholarship for [Nes Gadol](#) in the amount of: \$_____

Child / Teen Information:

Child/Teen's Name:
*Birth Date (MM/DD/YY):*_
Home Address:
City: *STATE:* *Zip:*
Primary Contact Phone:
Primary Contact Email Address:
Grade in the Fall of 2019:

I am requesting a scholarship for [The Blessing Exchange](#) Program in the amount of:
\$_____

Young Adult Information:

Young Adult's Name:
*Birth Date (MM/DD/YY):*_
Home Address:
City: *STATE:* *Zip:*
Young Adult Phone:
Young Adult Email Address:
Grade in the Fall of 2019:

Parent /Guardian Information:

Parent/Guardian 1:

Home Address:

City: STATE: Zip:

Home Phone: Work Phone: Cell:

Email Address:

Occupation:

Place of Employment:

Length of Employment:

Parent/Guardian 2:

Home Address: (if different than above):

City: STATE: Zip:

Home Phone: Work Phone: Cell:

Email Address:

Occupation:

Place of Employment:

Length of Employment:

Place of Employment: Length of Employment:

Household Information:

Number of dependents: _

Name(s):

Age(s):

Relationship to Program Participant:

School(s)/Employer(s) Name(s):

Financial Information:

Section A: (Note: If you answer yes to either 1 or 2 below, you will NOT need to proceed to Section B below)

1. Sources of Income: _____

Employment Public Assistance SSI Disability

Other (specify): _____

2. Are you solely responsible for your living(rent, mortgage) obligation: Yes No

This family is currently receiving Temporary Aid to Needy Families (TANF): Yes No

This child received free or reduced lunch during the 2019/2020 school year: Yes No

****IF YOU ANSWERED YES TO THE ABOVE, YOU MUST PROVIDE A COPY OF ONE OF THE FOLLOWING AS VERIFICATION OF ELIGIBILITY:**

1. TANF Permanent Issuance Card (PIC) or TANF Paperwork

2. Name of school and phone number providing reduced or free lunch:

School Name: _____ Phone Number: _____

(Please provide one copy of any of the following as proof that your child is receiving free or reduced lunch: lunch approval form, lunch ticket, or lunch card.)

Section B:

Gross Annual Income (this past year):\$ _____

Must submit a complete copy of your most recent federal tax returns.

Please include a letter describing your financial situation in detail and why you are requesting scholarship funds.

I certify that all information listed here is true and accurate to the best of my knowledge:

Parent/Guardian Signature: _____ Date: _____

FOR INTERNAL USE ONLY:

Verification Awarded: \$ _____ Reviewed by: _____ Date: _____

Letter Denied-Reason: _____