

## Midreshet Torah V'Avodah Scholarship Application

Please complete these four pages, add the necessary tax forms, and scan and email to our office at <a href="mailto:otrology.org">office@tvaisrael.org</a>

Name of Applicant:	
Street Address:	
City, State & Zip Code:_	
Phone:	Date of Birth:
School Attending:	
Synagogue Affiliation: _	
Father's (or Legal Gua	rdian's) Name:
Occupation:	Employer:
Business Address:	
Business Phone:	Email:
	OwnerPartnerEmployee
Mother's (or Legal Gua	ardian's) Name:

Occupation:	n: Employer:								
Business Addr	ess:_								
Business Phone	one: Email:								
		Owne	erP	artner _	Employee				
Marital Status of Parents:									
Family Info	rma	tion							
Name Of Child		Age	School Attending		Tuition	Subsidy G	ranted		
Have you applied to other sources for scholarship assistance?									
		Yes			No				
Name Of Source		Date Applied		Subsidy requested		Response			
	I								

## Tax Return Information

	2016	2017	2018 (If Available)
Total # Of Exemptions			
Wages, Salaries, Tips (Father)			
Wages, Salaries, Tips (Mother)			
Interest, Investment, Other Income			
Net Income from 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)			

Income:
If parents are divorced, or separated, what amount of court ordered support is being received for the student?
Has the applicant been to Israel before?
Has the applicant been to Israel before?
If yes, in what capacity? (Family visit, organized touring program)

## **Assets**

Real Estate	
Do you rent your apartment?	
Monthly rent:	
Do you own a home, condominium or co-op?	
Current market value:	
Unpaid mortgage:	
Monthly carrying charge:	
Purchase price and year:	
List any extenuating circumstances.	
The undersigned is applying for a financial subsidy in the amount of \$ coming year.	for this
THE INFORMATION GIVEN IN THIS APPLICATION IS FOR APPLYING TO MIDRESHET AND YESHIVAT TORAH V'AVODAH SUBSIDY. I THE UNDERSIGNED STATE THAT ALL STATEMEN ARE TRUE. FALSE OR MISLEADING STATEMENTS WILL CAUSE TO BE REJECTED AND NO FURTHER CONSIDERATION WILL BE	FOR A FINANCIAL NTS MADE HEREIN THIS APPLICATION
Father's (Or Legal Guardian's) Signature:	_ Date:
Mother's (Or Legal Guardian's) Signature:	Date:
Applicant's Signature: Date:	Date:

PLEASE INCLUDE THE FOLLOWING COPIES: INCOME TAX FORMS 1040 AND W2 FOR EACH PARENT FOR 2016 , 2017, and 2018 (if available).