



## Yeshivat Torah V'Avodah Scholarship Application

Please complete these four pages, add the necessary tax forms, and scan and email to our office at [office@tvaisrael.org](mailto:office@tvaisrael.org)

**Name of Applicant:** \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School Attending: \_\_\_\_\_

Synagogue Affiliation: \_\_\_\_\_

**Father's (or Legal Guardian's) Name:** \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_Owner \_\_\_Partner \_\_\_Employee

**Mother's (or Legal Guardian's) Name:** \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_ Owner \_\_\_ Partner \_\_\_ Employee

Marital Status of Parents: \_\_\_\_\_

**Family Information**

Name Of Child	Age	School Attending	Tuition	Subsidy Granted

Have you applied to other sources for scholarship assistance?

\_\_\_ Yes \_\_\_ No

Name Of Source	Date Applied	Subsidy requested	Response

--	--	--	--

### Tax Return Information

	2019	2020	2021 (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? \_\_\_\_\_

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 \$\_\_\_\_\_ for this coming year.

THE INFORMATION GIVEN IN THIS APPLICATION IS FOR THE PURPOSE OF APPLYING TO MIDRESHET AND YESHIVAT TORAH V'AVODAH 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 AND NO FURTHER CONSIDERATION WILL BE GIVEN.

Father's (Or Legal Guardian's) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mother's (Or Legal Guardian's) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE INCLUDE THE FOLLOWING COPIES:  
INCOME TAX FORMS 1040 AND W2 FOR EACH PARENT FOR 2019, 2020, and 2021 (if available).