



Midreshet 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

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: _____ Date: _____

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