



VISTA DEL MAR
CHILD AND FAMILY SERVICES

Vista Del Mar
Jewish Life Programs
3200 Motor Avenue
Los Angeles, CA 90034

**SCHOLARSHIP REQUEST
2016-2017 –Nes Gadol**

Please read the Scholarship Procedure document to ensure you have all of the required documentation. Failure to submit all necessary items will result in automatic disqualification and your application will not be processed.

I am requesting a scholarship in the amount of: \$ _____

Child / Teen Information:

Child/Teen's Last Name: _____	First Name: _____
Home Address _____	
City: _____	ST: _____ Zip: _____
Phone: _____	Birth Date (MM/DD/YY): _____
Grade in the Fall of 2015: _____ How many children under 18 live at home _____	

Parent /Guardian Information:

Parent/Guardian 1: _____
Parent/Guardian 2: _____
Primary Home Address (if different than above): _____
City, State: _____ Zip: _____ Home Phone: _____
Work Phone: _____ Cell: _____
Occupation: _____
Place of Employment: _____ Length of Employment: _____

Household Information:

Number of dependents: _____
Name: _____ Age: _____
Relationship: _____ School/Employer: _____
Name: _____ Age: _____
Relationship: _____ School/Employer: _____
Name: _____ Age: _____
Relationship: _____ School/Employer: _____

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 2012/2013 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:**

- TANF Permanent Issuance Card (PIC) or TANF Paperwork
- 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:

<input type="checkbox"/> Verification	<input type="checkbox"/> Awarded: \$ _____	<input type="checkbox"/> Reviewed by: _____	<input type="checkbox"/> Date: _____
<input type="checkbox"/> Letter	<input type="checkbox"/> Denied-Reason: _____		