



VISTA DEL MAR
CHILD AND FAMILY SERVICES

Vista Del Mar
3200 Motor Avenue
Los Angeles, CA 90034

SCHOLARSHIP APPLICATION
Jewish Life Programs: Nes Gadol & The Blessing
Exchange Program
Scholarship Application Agreement & Policies

PLEASE READ THE BELOW CAREFULLY AND BE SURE TO PROVIDE ALL SUPPORTING DOCUMENTS. IF ALL REQUIRED DOCUMENTS ARE NOT SUBMITTED WITH YOUR APPLICATION, YOUR ELIGIBILITY WILL BE DISQUALIFIED.

Vista Del Mar is pleased to offer limited scholarships and sliding scale opportunities for families who demonstrate a financial need. In addition to completing our Scholarship Application forms, you must complete our online registration.

If you have qualified to receive a scholarship award you must confirm within 3 business days via email or fax that you are accepting the award and you must specify Autumn, Winter or Spring term. You will also be required to submit enrollment forms and family survey.

Important Note:

If it is determined that your child is to be accompanied by a one to one aid via your IEP or by one of our Directors, it is the responsibility of the parent to make all necessary arrangements for said aide prior to beginning of the class term.

The scholarship application, verification forms and letters (if applicable) must be mailed to the address below and received no later than 5 weeks prior to our program start date.

The following items should be mailed:

- Scholarship Application (completed and signed)
- Verification of Eligibility (TANF paperwork or proof of free or reduced lunch)
- Copies of most recent completed tax returns (if applicable)

Mail all forms to:

Rabbi Jackie Redner
Jewish Life Programs
Vista Del Mar
3200 Motor Avenue
LA, CA 90034



3200 Motor Avenue, Los Angeles, CA 90034

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 2020:

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 2020:

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):