SJR SUMMER SCHOLARSHIP APPLICATION

Dear Parents,

BBYO makes every effort to award financial aid when circumstances require it. The vast majority of resources are dedicated to families with financial need, with a limited allocation based on merit. BBYO regional staff reviews each application in confidence and makes award decisions based on the information you provide in this application.

All families are strongly encouraged to check their local community agencies for scholarships in addition to those that may be provided by BBYO. Many organizations offer scholarships for Jewish educational and leadership experiences. These include JCCs, Federations, Synagogues and B'nai B'rith groups. Your regional office can provide you template letters to share with community agencies upon request.

Summer scholarship applications must be received by your regional office no later than April 1st to the below address by phone, fax or email:

South Jersey Region BBYO
Attn: Ira Dounn
1301 Springdale Road
Cherry Hill, NJ 08003
Email: idounn@bbyo.org

Please note that all scholarship applications require submission of the first page of the parents' most recent 1040 US Tax Form, showing Adjusted Gross Income (AGI). Scholarship decisions cannot be made without the required tax information.

For any additional scholarship questions, please contact Ira Dounn at 856.424.4444 x1285 or idounn@bbyo.org.

Sincerely,

Ira Dounn,

APPLICANT INFORMATION					
Teen First Name:		Teen Last Name:		Region:	
Home Address:					
City:		State:		Zip:	
Teen Email:				Chapter:	
Parent(s) Name:					
Parent Email:					
Parent Home phone:		Parent Cell phone:			
If teen does not reside with both parents, please indicate with whom the teen resides:					

PROGRAM AND FINANCIAL REQUEST INFORMATION			
Program Name:		Current High School Grade:	
Listed program Fee:	+	$	
Estimated transportation Fee:	+	$	
Expected family Contribution:	-	$	
JCC/Synagogue/Federation/Other scholarship contribution:	-	$	
Total Amount Requested:	=	$	

TEEN SECTION TO COMPLETE - PLEASE ATTACH ADDITIONAL PAGES IF NEEDED

Please list all offices/positions/chairs held in BBYO and dates:

Please list other BBYO Regional or International programs you have attended and dates:

How specifically will your Chapter, city, and/or Region benefit by your attendance at this particular program?

PARENT SECTION TO COMPLETE - PLEASE ATTACH ADDITIONAL PAGES IF NEEDED

What are the reasons for requesting these funds? Please note any extenuating financial circumstances (medical, job loss, unusual expenses, etc) or significant family expenses, including college or day school tuitions.

ADDITIONAL REQUIRED INFORMATION (TO BE COMPLETED BY REGIONAL STAFF)

Teen Essay ☐	☐	☐
Parent IRS Form 1040 ☐	☐	☐

DISCLAIMER AND SIGNATURE

By signing below, we are stating that the information outlined above is accurate, and that the amount of scholarship funds we are requesting is necessary in order for the applicant to be able to attend this program. We realize that funds for financial assistance are very limited and that receiving the full amount of funds requested is not guaranteed. In order to receive scholarship awards, participants must successfully complete the program, which means participants must attend, and complete the program without any disciplinary problems. Should the participant be sent home for disciplinary problems, the participant must reimburse BBYO for the amount of the scholarship award.

Teen Signature:		Date:	
Parent Signature:		Date:	

FOR OFFICE USE ONLY					
Date received:		Received by:		Scholarship award:	$
Reviewed by:		Approved by:		Need/Merit:	Need ☐ Merit ☐