

## WI REGION BBYO SUMMER PROGRAM 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 some allocation based on merit. BBYO regional staff along with the scholarship committee reviews each application in confidence and makes award decisions based on the information you provide in this application.

All applications are reviewed using a blind method. Committee members will not know the names of the applicants. All information will be kept in the strictest of confidence.

Summer scholarship applications must be received by the Wisconsin Region BBYO office no later than March 15<sup>th</sup>.

Applications will not be accepted after the deadline.

Send application to:

Wisconsin Region BBYO Attn: Rachael Frydman 6255 N. Santa Monica Blvd Milwaukee, WI 53217 Fax: 414.326.2809

Email: wisc@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 applications will be declined if the application is not filled out completely and/or without the required tax information by the due date.

For any additional scholarship questions, please contact the BBYO office at 414-326-2808 or email wisc@bbyo.org.

Sincerely,

Rachael Frydman Regional Director Wisconsin Region BBYO

APPLICANT IN	FORMATION						
Teen First Name:		Teen Last Name:			Region:		
Home Address:							
City:			State:		Zip:		
Teen Email:				Chapter:			
Parent(s) Name:							
Parent Email:							
Parent Home phone:			Parent Ce	ell phone:			
If teen does not resideen resides:	le with both parents, please indicate v	with whom the					
Father Occupation:			Father Gr	ross Annual Salary:			
Mother Occupation:			Mother G	ross Annual Salary:			
Number of Dependents in the family, including the applicant:							

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

If you have applied for scholarship from another source and have not received it yet...please indicate that above.

TEEN SECTION TO COMPLETE - PLEASE ATTACH ADDITIONAL PAGES IF NEEDED					
Do you have a job? Y N	If yes, how many hours a week do you work? How much do you earn per hour?				
Please list all offices/positions/chairs held in BBYO and dates:					
Please list other BBYO Regional or International programs you have a	ittended and dates:				
How specifically will your Chapter, city, and/or Region benefit by you	r attendance at this particular program?				

PARENT SECTION TO	COMPLETE - PLEASE	ATTACH ADDITIONAL F	PAGES IF NEEDED			
What are the reasons for etc) or significant family	or requesting these funds? expenses, including colle this question is required	P Please note any exter ege or day school tuition	nuating financial circumns. Please share anythir			
ADDITIONAL REQUII	RED INFORMATION (T	O BE COMPLETED BY	REGIONAL STAFF)	I		
Teen Section		Parent Section				
Parent IRS Form 1040						
DISCLAIMER AND SI	GNATURE					
is necessary in order for that receiving the full ar attend and complete the	e stating that the informa the applicant to be able mount of funds requested program in its entirety. rse BBYO for the full amo	to attend this program. is not guaranteed. In c If the participant is dis	We realize that funds forder to receive scholars missed from a program	or financial ass ship awards, pa	sistance articipan	are very limited and ts must successfully
Teen Signature:				Date:		
Parent Signature:				Date:		
FOR OFFICE USE ON	ILY					
Date received:		Received by:		Scholarship awa	ard:	\$
Reviewed by:		Approved by:		Need/Merit:		Need  Merit