

Eastern Region 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 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:

Eastern BBYO
Attn: Ellen Goldstein
5007 Providence Road, Suite 106
Charlotte
Fax: (704) 362-4179
Email: egoldstein@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 Ellen Goldstein at 704-944-6734 or egoldstein@bbyo.org.

Sincerely,

Ellen Goldstein

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:						
Does the teen hold a job? Will the teen be contributing to the overall cost of the program?						
How will the chapter/region/council benefit from the teen attending this program? How will the teen benefit from attending this program? (Teen Essay)						

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 Section Complete	<input type="checkbox"/>	Parent IRS Form 1040	<input type="checkbox"/>	Parent Form Complete	<input type="checkbox"/>

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 attend and complete the program in its entirety. If the participant is dismissed from a program for disciplinary or other reasons, the participant must reimburse BBYO for the full 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 <input type="checkbox"/> Merit <input type="checkbox"/>