

**CHUSY REGION
UNITED SYNAGOGUE YOUTH
601 SKOKIE BOULEVARD, SUITE 402
NORTHBROOK, IL 60062**

TIKUN OLAM SCHOLARSHIP APPLICATION

- | | |
|---|---|
| <input type="checkbox"/> USY Israel Adventure | <input type="checkbox"/> USY On Wheels – Classic or Wheels East |
| <input type="checkbox"/> USY Eastern Europe/Israel Pilgrimage | <input type="checkbox"/> USY On Wheels – Mission Mitzvah |
| <input type="checkbox"/> USY Poland Seminar/Israel Pilgrimage | <input type="checkbox"/> USY Outdoor Adventure Pacific NW |
| <input type="checkbox"/> USY Spain/Israel Pilgrimage | <input type="checkbox"/> USY Summer in the City |
| <input type="checkbox"/> Etgar! Outdoor Israel Adventure | <input type="checkbox"/> NATIV |

NOTE TO ALL APPLICANTS: All information indicated on this application, and any discussion of the applications, will be held in the strictest confidence. The basic requirement for a scholarship will be the financial need of the applicant. In addition, consideration of individual applications will also be based on individual merit. As many of you know, 30% of all monies raised by our Region through Tikun Olam becomes available for use as scholarship money for the programs listed above. Therefore, the amount available for scholarship use varies from year to year. Due to the nature of this program, you will note that we will not be making any public announcements of scholarship recipients.

I. NAME _____
ADDRESS _____
CITY, STATE, ZIP _____
PHONE () _____ AGE _____ GRADE _____
E MAIL ADDRESS _____

II. FATHER'S NAME _____
FATHER'S OCCUPATION _____
NAME & ADDRESS OF BUSINESS _____

MOTHER'S NAME _____
MOTHER'S OCCUPATION _____
NAME & ADDRESS OF BUSINESS _____

MARITAL STATUS OF PARENTS:

Married _____ Separated _____ Divorced _____ Widowed _____

OTHER CHILDREN IN FAMILY, GRADE IN SCHOOL, NAME OF SCHOOL:

III. NAME OF USY CHAPTER _____
 PARENT'S SYNAGOGUE AFFILIATION _____
 NAME OF RABBI _____
 NAME OF YOUTH DIRECTOR/ADVISOR _____

IV. NAME OF HIGH SCHOOL _____
 EXTRA-CURRICULAR ACTIVITIES _____

V. DESCRIBE YOUR JEWISH EDUCATION:

SCHOOL ATTENDED	GRADE LEVELS	YEARS
_____	_____	_____
_____	_____	_____
_____	_____	_____

VI. LIST YOUR INVOLVEMENT IN YOUR LOCAL USY CHAPTER, REGIONAL USY PROGRAMS, OTHER JEWISH YOUTH GROUPS AND CAMPS, SYNAGOGUE LIFE AND THE JEWISH COMMUNITY AT LARGE.

VII. FINANCES

TOTAL COST OF PROGRAM: _____

PLEASE APPROXIMATE HOW YOU ARE PLANNING TO FINANCE YOUR TRIP:

	<u>AMOUNT</u>
YOURSELF	\$ _____
PARENTS & FAMILY	\$ _____
SYNAGOGUE SCHOLARSHIP	\$ _____
USY TIKUN OLAM SCHOLARSHIP	\$ _____
FEDERATION SCHOLARSHIP – Only applicable for Israel Programs	\$ _____
S.K.I.P. – Only applicable for Israel programs	\$ _____
OTHER (SPECIFY)	\$ _____

PLEASE INDICATE FAMILY INCOME RANGE:

- Under \$30,000 _____
- \$30,000 - \$35,000 _____
- \$35,000 - \$40,000 _____
- \$40,000 - \$45,000 _____
- \$45,000 - \$50,000 _____
- \$50,000 - \$60,000 _____
- \$60,000 - \$70,000 _____
- \$70,000 - \$80,000 _____
- \$80,000 - \$90,000 _____
- \$90,000 - \$100,000 _____
- \$100,000 - \$125,000 _____
- \$125,000 - \$145,000 _____
- OVER \$145,000 _____

PLEASE INDICATE WHETHER YOU ARE APPLYING FOR AND/OR HAVE RECEIVED A PARTIAL SCHOLARSHIP OR SUBSIDY FROM OTHER SOURCES.

WHICH SOURCE(S)? _____ HOW MUCH? _____

Please indicate on a separate sheet any additional personal or family information you feel may be of use to the Scholarship Committee of the Regional Youth Commission in evaluating your scholarship application.

APPLICANT SIGNATURE _____

PARENT SIGNATURE _____

DATE: _____

Attached to this application must be two (2) letters of recommendation, one of which must be from your rabbi or educational director, and the other from your youth director or youth advisor. Send to:

**CHUSY REGION
 TIKUN OLAM SCHOLARSHIP
 601 SKOKIE BOULEVARD, SUITE 402
 NORTHBROOK, IL 60062**

SCHOLARSHIP APPLICATION DEADLINE IS MARCH 31, 2008