



March of the Living Guardian Financial Form

Parent/Guardian should complete this 2-page form if your student is applying for financial based scholarships.
The student should complete everything else.

The application has been set up to allow you to complete the fields electronically. No handwritten submissions are accepted.

All information in your application is held in strict confidence.
Applications are reviewed anonymously.

You will need to include the last two most recent 1040s for the household with this form.

**If there are any significant changes, there is a place below to elaborate.

STUDENT INFORMATION

First Name _____ Last Name _____

GUARDIAN FINANCIAL INFORMATION

FUNDING INFORMATION

Please complete the section below to indicate how you plan to cover the costs of the program. Please do not leave any portion blank. Applicants are required to seek funding from any other sources possible. Please indicate where you are applying for additional funding:

Source: _____ Amount: _____

Other sources: Confirmation grants, grandparents, etc.

Parent contribution: _____

Amount of scholarship requested: _____

EXPENSES

Please describe your annual expenses emphasizing any extenuating circumstances that lead you to request scholarship funds.



GUARDIAN INFORMATION

Mother's name: _____ Occupation: _____

Place of employment: _____

How long employed here: _____

Is this full or part time employment: _____

Cell phone: _____ Work phone: _____

Email: _____

Father's name: _____ Occupation: _____

Place of employment: _____

How long employed here: _____

Is this full or part time employment: _____

Cell phone: _____ Work phone: _____

Email: _____

Composition of Family Household

Total number of persons in household: _____

Number of dependent children: _____

List ages: _____

Number of working children (under 18 years): _____

Number of other dependents: _____ Relationship: _____

Did your family come from another country? _____ If so, which country? _____

Date of arrival to U.S.: _____

Parents' marital status: _____

If divorced, or separated:

Date of divorce: _____ Custodial parent: _____

Has custodial parent remarried? _____ If yes, date: _____

Which parent claimed the applicant as a tax dependent for 2023? _____

Please include any financial assistance that your family receives from family, friends, or agencies/organizations:

**Please elaborate if there have been any significant changes in your financial situation.

OTHER FUNDING SOURCES:

In order for your application to be considered you must seek out additional funding options.

Where else are you seeking funding?

Congregation: _____ Amount: _____

Israel Experience Program: _____ Amount: _____

Other*: _____ Amount: _____

*family member, friend, etc.

Due by 3pm, Wednesday, November 29th