



**THE
UNITED
SYNAGOGUE OF
CONSERVATIVE
JUDAISM**

נר דוד מנצח אדם

The Association of
Conservative
Congregations

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YOUTH COMMISSION**
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**February 2012
Shevat 5772**

Dear Scholarship Applicant:

Enclosed are the full particulars regarding the New Jersey HaGalil Region's Tikun Olam Scholarship Program. All money used for this program is collected through USY's tzedakah project, Tikun Olam.

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 summer programs. Therefore, the amount available for scholarship use varies from year to year. Actual scholarships are awarded by the United Synagogue Regional Scholarships Committee **BASED ON FINANCIAL NEED AND INVOLVEMENT IN USY.**

So that we may expedite and properly process your request, please follow these steps:

1. Fill out the enclosed application and return it to this office **NO LATER THAN APRIL 5, 2012.** Appointments with the scholarship committee cannot be made until the completed application is received. This includes the tax information discussed in #2 below. Please note that this application, except for the tax information, must be filled out by you, the USYer, not by parents! Interviews will be scheduled for May 1st and the 8^h if needed- please keep both dates open). This is the only time that the committee is meeting for interviews.
2. Have your parent(s) answer the financial questions with regard to income and make certain that they return these answers along with a copy of their latest Federal Income Tax Return (a 2010 return may be acceptable) inclusive of all supporting schedules. The tax returns must include copies of W-2 forms, as well as 1099's and supporting documents.
3. You must begin the application procedure for the program of your choice (ie: Wheels, Pilgrimage, etc.), as you would be disappointed to receive a scholarship, only to find your program filled.

Rapaport House
820 Second Avenue
NY, NY 10017-4504

4. Your application must include a photo of yourself. We interview many USYers this helps us to identify those we've met with. It is used strictly for identification purposes.
5. There are many applicants each year and only a limited amount of available funds. All applicants are encouraged to seek assistance from other sources (Synagogue, Rabbi, Federation, etc.).
6. Return the completed application and have all references sent to my attention at:

**HaGalil USY Scholarship Committee
1090 King Georges Post Rd., Suite 1003,
Edison NJ 08837**

The Scholarship Committee will make thoughtful and reasonable determinations based on the information provided. You are urged to submit a thoughtful, neat and complete application. Please remember that this is a need based scholarship.

If your application meets the criteria, you will be asked to come to the Regional office for a personal interview. This interview is for the USYer (not the parent), and will be held on May 1st (and the 8^h if needed- please keep both dates open). Since interviews are scheduled every fifteen minutes it is imperative that you address any extenuating circumstances without delay. Due to the large number of applicants, please understand that each interview is structured. The applicant will be asked several questions by the committee and then will have an opportunity to address the committee.

You can feel comfortable sharing any information with the members of the committee as it will be held in the strictest confidence. Please note that pursuant to national Tikun Olam policy, there will be at least one USY representative sitting in on your interview. If you are uncomfortable with any member of the committee, please do not hesitate to say so. Should a member of the committee be a member of your synagogue, or an acquaintance of any kind, he or she will be excused from your interview and will not be made privy to your application.

If there is a certain amount of money without which you will not be able to attend your summer program, the committee must be so informed. In situations of demonstrated needs, significant additional monies could be made available to you.

Finally, there are limited funds available and the committee has some very difficult decisions to make. Our objective is to help those USYers who otherwise could not attend a USY summer program, have the opportunity to participate.

We will do the very best that we can, but not everyone who applies receives a scholarship.

Applicants will be notified within two weeks of their interview of the committee's decision. You will be informed by mail. Please understand that all funds will be allocated and therefore the decision of the committee will be final.

Finally, all financial information will be held in the strictest confidence. Good luck!

Sincerely,

Sebley Hausler

Sebley Hausler
Chairman, Scholarship Committee

_____ Photo

_____ Tax Forms

_____ W-2's

_____ 1099's

NO APPLICATION WILL BE CONSIDERED WITHOUT COMPLETE FINANCIAL DOCUMENTATION. ALL FINANCIAL DOCUMENTATION MUST ACCOMPANY THE APPLICATION.

NEW JERSEY- HAGALIL REGION
USY
1090 King Georges Post Rd., Suite 1003
Edison, NJ 08837



USY SUMMER PROGRAM TIKUN OLAM SCHOLARSHIP APPLICATION

Program you are applying for (check one):

- | | |
|--|--|
| <input type="checkbox"/> Eastern European Pilgrimage | <input type="checkbox"/> Poland/Israel Pilgrimage |
| <input type="checkbox"/> Israel Adventure | <input type="checkbox"/> USY On Wheels Classic |
| <input type="checkbox"/> Israel Adventure Plus | <input type="checkbox"/> USY on Wheels/ Mission |
| <input type="checkbox"/> Italy/Israel Pilgrimage | <input type="checkbox"/> Mitzvah |
| <input type="checkbox"/> Nativ | <input type="checkbox"/> USY On Wheels Pacific Northwest |

PLEASE BE SURE TO ANSWER ALL QUESTIONS

Name: _____ Age: _____

Address: _____

City _____ State _____ Zip code _____ Phone # () _____

E-mail address _____

Parent's Synagogue Affiliation _____ Name of Rabbi _____

High School _____ Current GPA _____ Grade _____

<u>Hebrew School/Hebrew High School</u>	<u>Dates Attended</u>	<u>Where</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other Organizational Affiliations (Schools, Teams, Clubs, Youth Groups, Etc.)

<u>Organization</u>	<u>Years as Member</u>	<u>Position(s) Held</u>
_____	_____	_____
_____	_____	_____

Please describe your current and prior part time job experiences. (Attach additional page if necessary)

USY INVOLVEMENT

Name of USY Chapter _____

Name of Youth Director and/or Advisor _____

Number of Years in USY _____ Number of years in Kadima _____

Leadership Positions:

<u>Grade</u>	<u>Chapter Positions Held</u>	<u>Regional Positions Held</u>
Kadima	_____	_____
9 th	_____	_____
10 th	_____	_____
11 th	_____	_____
12 th	_____	_____

International Position(s) held: _____

Regional Activities Attended:

Grade	LTI	FALL KINNUS	INT'L CONVENTION	MID WINTER KINNUS	SPRING CONVENTION	ENCAMPMENT
9 th						
10 th						
11 th						
12 th						

Religious Preparedness:

<u>Hebrew Skills</u>	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>
Read	_____	_____	_____
Write	_____	_____	_____
Speak	_____	_____	_____

Can you lead services? Please describe below

Family Information

Father's name: _____

Mother's name: _____

Address: _____

Address: _____

Phone #: () _____

Phone #: () _____

Name and address of employer: _____

Name and address of employer: _____

Position: _____

Position: _____

Number of adults in household _____

Number of dependent children: _____

Please list children's names, ages and schools:

- | | | | |
|----|-------|-------|-------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ |

Additional Dependents : _____

Please approximate source of funds to finance this trip: YOU MUST COMPLETE THIS PART

	<u>Amount</u>	<u>Are Funds Committed?</u>	
		<u>Yes</u>	<u>No</u>
Applicant	\$ _____	_____	_____
Parents/Family	\$ _____	_____	_____
Synagogue Scholarship	\$ _____	_____	_____
USY Tikun Olam Scholarship	\$ _____	_____	_____
Federation Scholarship	\$ _____	_____	_____
USY Chapter Subsidy	\$ _____	_____	_____
Other (Specify)	\$ _____	_____	_____

Total Cost of Program \$ _____

I certify that all of the information contained within and attached to this application is accurate and true.

USYer's Signature

Parent's Signature

Date

PARENT'S FINANCIAL DISCLOSURE

NO APPLICATION WILL BE CONSIDERED WITHOUT COMPLETE FINANCIAL DOCUMENTATION. ALL FINANCIAL DOCUMENTATION MUST ACCOMPANY THE APPLICATION.

Total annual family income (include all sources)

\$

Please indicate below (or on a separate sheet) any extenuating circumstances you feel may be relevant to the Scholarship Committee of the Regional Youth Commission in evaluating your child's scholarship application.

Please note that no application will be considered without two letters of recommendation, the applicants essay and a signed copy of the parent's latest Federal Income Tax return, including W-2 forms and any applicable schedules.

I certify that all of the information contained within and attached to this application is current, accurate and true.

Parent's Signature

Date