



## ***Jewish Federation of Omaha 2023 Scholarship Application***

The Jewish Federation of Omaha is charged with administering the allocation and distribution of scholarship and financial assistance funds entrusted to the community for the benefit of Omaha's Jewish community. This duty includes the guarantee of confidentiality to the applicants and their families in conjunction with the diligent stewardship of community funds. On an annual basis, the community allocates dollars for financial aid and scholarships. Award decisions are based on the financial need of applicants, the number of requests, and the amount of funds available. All financial aid and scholarship awards require an **annual application. THE CURRENT YEAR APPLICATION MUST BE USED.**

To apply for financial assistance, reduced Jewish Community Center membership fees, or scholarships, please complete the appropriate application. In addition, please use the document checklist on page 3 to ensure you have attached **all** required documentation. ***Any missing information will delay the application process and the ability to make a decision on your behalf.*** Your completed application and all documentation is then to be placed in a secure envelope.

### ***Applications for reduced JCC membership and/or JFS assistance:***

**This is not your application!** Please use the 2023 JFS Assistance Application. This is available on the JFO or JFS websites or through Linda Cogen or Diane Walker. Your completed application can be submitted to Linda Cogen c/o Jewish Family Service at any time throughout the year. Applications for reduced JCC membership fees for current JCC members should be submitted by January 1, 2023. Information is reviewed by the Financial Assistance Council and assistance will be determined within two weeks of receipt of complete information. You will receive notification in the mail of an award or denial.

If you have any questions regarding this application and reduced JCC membership or JFS assistance, please contact Linda Cogen at (402)334-6493 or [lcogen@jfsomaha.com](mailto:lcogen@jfsomaha.com).

### ***Applications for Israel programs, Jewish residential summer camp, JCC summer camp, Friedel Jewish Academy and/or the Early Learning Center:***

**This is your application!** Your completed application for Israel programs, Jewish residential summer camp, JCC summer camp, Friedel Jewish Academy, and/or the Early Learning Center should be submitted to Diane Walker c/o the Jewish Federation of Omaha Foundation. These applications are due ***Wednesday, March 1, 2023*** to be considered for awards for programs in the summer of 2023 and the academic year 2023-2024. Applications are reviewed by the Financial Aid Committee with a determination made by April 1, 2023. You will receive notification in the mail of an award or denial. If you have any questions regarding this application and scholarships for Israel programs, Jewish residential summer camp, JCC summer camp, Friedel Jewish Academy, and/or the Early Learning Center, please contact Diane Walker at (402)334-6551 or [dwalker@jewishomaha.org](mailto:dwalker@jewishomaha.org).

Funding for financial aid and scholarships is provided through the Annual Campaign of the Jewish Federation of Omaha, endowment funds of the Jewish Federation of Omaha Foundation and other grant entities.

Last Name \_\_\_\_\_

**Please Note the Following New Instructions for Applications Involving Applicants with  
Divorced or Separated Parents**

1. The application must be signed by each parent:

- (a) with whom the applicant resides as a member of that parent's household;
- (b) who claims the applicant as a deduction on that parent's tax return; and
- (c) who provides any financial support to the applicant.

Each parent that qualifies under (a), (b), and/or (c), must also supply financial information, including the required copy of that parent's tax return.

- 2. If there is joint custody, the application must be signed by each parent and each must supply financial information, including the required copy of each parent's tax return.
- 3. If a parent is obligated by judicial decree to provide support and fails to do so, then that should be noted in the application.
- 4. Parents who are divorced, separated, or otherwise involved in a domestic dispute, must understand that the Financial Aid Committee is concerned solely with the welfare of all the applicant children of our community who seek financial assistance for scholarship purposes. While the Financial Aid Committee will maintain its historic policy of confidentiality, it will not be made a participant in any dispute between parents, including, but not limited to, any effort by one parent to conceal information from another parent, or by one parent to embarrass another parent. If an application is filed with the Financial Aid Committee, the Committee has the right to receive and utilize all information it believes necessary or desirable for it to make its determinations. The Financial Aid Committee and its staff shall not be responsible for or liable to any parent or other person regarding or arising out of any information that is supplied or requested involving any application for financial assistance. A submission of an application shall be recognition of the foregoing.

Last Name \_\_\_\_\_

### ***Document Checklist***

For your application to be considered and reviewed in a timely manner,  
**ALL** of the following information must be submitted **WITH** the application.

Completed, by section, for the program to which you are applying. Mark appropriate sections below.

- Israel Program
- Jewish Residential Summer Camp
- JCC Summer Day Camp
- Friedel Jewish Academy
- Early Learning Center
  
- A copy of your most recent Federal Tax Return, Form 1040.
- Two most recent paystubs for each adult/parent listed on the application.
- A copy of your most recent quarterly statement from any other source of income, including but not limited to 529 Plan, IRA, Social Security, mutual fund, etc.
- Most recent billing statement of each expense listed on pages 5 and 6 (i.e., MUD, OPPD, insurance, cable, phone, car payments, mortgage/rent, credit card statement(s), etc.)
- Documentation from other sources of financial aid (i.e., synagogue, family, etc.).
- Your signature on page 5.
- Explanation as to why financial aid/scholarship is being requested.
- Requested amount of financial aid/scholarship.

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**Last Name** \_\_\_\_\_

**Parent / Legal Guardian 1**

NAME					EMAIL						
ADDRESS					CITY			STATE		ZIP	
HOME PHONE				CELL PHONE				WORK PHONE			
DATE OF BIRTH					<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed						
<input type="checkbox"/> Yes, I am Jewish <input type="checkbox"/> No, I am not Jewish					Synagogue Affiliation						

**Spouse Information**

NAME					EMAIL						
ADDRESS					CITY			STATE		ZIP	
HOME PHONE				CELL PHONE				WORK PHONE			
DATE OF BIRTH					<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed						
<input type="checkbox"/> Yes, I am Jewish <input type="checkbox"/> No, I am not Jewish					Synagogue Affiliation						

**Parent / Legal Guardian 2 (if applicable)**

NAME					EMAIL						
ADDRESS					CITY			STATE		ZIP	
HOME PHONE				CELL PHONE				WORK PHONE			
DATE OF BIRTH					<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed						
<input type="checkbox"/> Yes, I am Jewish <input type="checkbox"/> No, I am not Jewish					Synagogue Affiliation						

**Spouse Information**

NAME					EMAIL						
ADDRESS					CITY			STATE		ZIP	
HOME PHONE				CELL PHONE				WORK PHONE			
DATE OF BIRTH					<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed						
<input type="checkbox"/> Yes, I am Jewish <input type="checkbox"/> No, I am not Jewish					Synagogue Affiliation						

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Last Name \_\_\_\_\_

**Children**

NAME		DOB	
NAME		DOB	
NAME		DOB	
NAME		DOB	
NAME		DOB	

I attest that the foregoing information is true and correct. I understand that knowingly providing false information will deem me ineligible to receive assistance from The Jewish Federation of Omaha and its agencies.

\_\_\_\_\_

PARENT 1 SIGNATURE

\_\_\_\_\_

DATE

\_\_\_\_\_

SPOUSE 1 SIGNATURE

\_\_\_\_\_

DATE

I attest that the foregoing information is true and correct. I understand that knowingly providing false information will deem me ineligible to receive assistance from The Jewish Federation of Omaha and its agencies.

\_\_\_\_\_

PARENT 2 SIGNATURE

\_\_\_\_\_

DATE

\_\_\_\_\_

SPOUSE 2 SIGNATURE

\_\_\_\_\_

DATE

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Last Name \_\_\_\_\_

**INCOME INFORMATION**

<b>Are you employed?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Part-time	<input type="checkbox"/> Full-time
				<b>Wages Earned</b> (Net Monthly)
				\$

<b>Is your spouse employed?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Part-time	<input type="checkbox"/> Full-time
				<b>Wages Earned</b> (Net Monthly)
				\$

**Do you receive any of the following sources of income?** *State monthly amount received.*

Social Security	\$	Child Support	\$
SSI	\$	Alimony	\$
State Assistance: SNAP, Title XX, Section 8, Medicaid, etc.	\$	Business Income *	\$
Unemployment	\$	Capital Gains *	\$
Checking/Savings	\$	Real Estate *	\$
Veteran Benefits	\$	Assistance from relatives/friends	\$
Stocks/Mutual Funds/Bonds	\$	Other *	\$

*\* If income is listed from business, capital gains, real estate or other, provide description and additional details in box below.*

<b>Total Monthly Income</b>	\$
<b>Total Yearly Income</b>	\$

<b>PARENT 1 ADJUSTED GROSS INCOME</b> <i>(as listed on your Federal Tax Return)</i>	\$
<b>PARENT 2 ADJUSTED GROSS INCOME</b> <i>(as listed on your Federal Tax Return)</i>	\$

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Last Name \_\_\_\_\_

**EXPENSE INFORMATION**

**Household Expense** (please provide average monthly expenses)

Mortgage/Rent	\$	Cable	\$	Food	\$
Electric	\$	Gas	\$	Water/Sewer	\$
Trash	\$	Phone	\$	Internet	\$
Taxes (if not included with mortgage payment)		\$		<b>Subtotal</b>	\$

**Automobile** (list monthly expenses)

Number of Cars		Model(s)				
Loan(s)	\$					
					<b>Subtotal</b>	\$

**Insurance** (list monthly expenses)

Auto	\$	Life	\$	Health	\$
Homeowners/renters (if not included in mortgage payment)		\$		<b>Subtotal</b>	\$

**Health** (please provide average annual expenses)

Doctor	\$	Dentist	\$	Vision	\$
Medication		\$		<b>Subtotal</b>	\$

**Dues** (please provide average annual expenses)

Synagogue/Temple	\$	JCC Membership	\$	Professional	\$	
					<b>Subtotal</b>	\$

**Fixed Debt with Interest** (list monthly expenses)

Loans	\$	Credit Cards	\$	Legal Obligations	\$
Other		\$		<b>Subtotal</b>	\$







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**Last Name** \_\_\_\_\_

**Please complete the section(s) for which you are requesting financial aid or scholarship.**

**Jewish Summer Residential Camp**

Child #1 Last Name		Child #1 First Name	
Name of Camp and Location		Camp cost	\$
Mailing Address for Payments			
Camp Website		Session Dates	
Child #2 Last Name		Child #2 First Name	
Name of Camp and Location		Camp cost	\$
Mailing Address for Payments			
Camp Website		Session Dates	
Child #3 Last Name		Child #3 First Name	
Name of Camp and Location		Camp cost	\$
Mailing Address for Payments			
Camp Website		Session Dates	
Please list, in detail, any sources of financial assistance for which you have applied and indicate any amount for which you have been approved or have pending for this program. Include all funding from your synagogue, direct camp assistance and Jewish Experience Grants.			
Cost of camp tuition for all children ( <i>List cost of tuition only. Scholarships for transportation and equipment are not available.</i> )			\$
Amount of scholarship request			\$

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**JCC Summer Day Camp**

Child #1 Last Name		Child #1 First Name		Grade in fall		Age	
# Fun Day Sessions	Total Fun Day Cost	\$	# Regular Sessions		Total Weekly Session Cost	\$	
Child #2 Last Name		Child #2 First Name		Grade in fall		Age	
# Fun Day Sessions	Total Fun Day Cost	\$	# Regular Sessions		Total Weekly Session Cost		\$
Child #3 Last Name		Child #3 First Name		Grade in fall		Age	
# Fun Day Sessions	Total Fun Day Cost	\$	# Regular Sessions		Total Weekly Session Cost		\$
Total cost of camp tuition, including Fun Days and weekly sessions ( <i>List cost of tuition only. Scholarships for before and after care are not available.</i> )						\$	
Amount of scholarship request						\$	

**A NOTE ABOUT J CAMP SCHOLARSHIPS**

Scholarship awards for camp are based on the sessions indicated on this application that the child will attend. If the child is registered for fewer sessions, adjustments to the scholarship award may be made accordingly.

**Please do not wait for scholarship award letters to register your child for JCC Summer Camp. We are seeing increased enrollment and want to be sure your space is reserved.**

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**Friedel Jewish Academy**

Child #1 Last Name		Child #1 First Name		Grade in Fall	
Child #2 Last Name		Child #2 First Name		Grade in Fall	
Child #3 Last Name		Child #3 First Name		Grade in Fall	

Please list, in detail, any sources of financial assistance for which you have applied and indicate any amount for which you have been approved or have pending for this program. This includes any synagogue subsidy.

Cost of tuition (\$_____ for first child plus \$_____ for each additional child)		\$
Deduct amount of other approved financial assistance or subsidies		\$
Balance of tuition		\$
Amount of scholarship request		\$

**Israel Programs**

Participant Last Name		Participant First Name	
Name of Program and Sponsoring Organization			
Program Mailing Address for Payments			
Program Website		Session Dates	

Please list, in detail, any sources of financial assistance for which you have applied and indicate any amount for which you have been approved or have pending for this program.

Cost of program, including domestic airfare if additional		\$
Amount of scholarship request		\$

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**Last Name** \_\_\_\_\_

**Early Learning Center**

Child #1 Last Name		Child #1 First Name		DOB	
Age Category	<input type="checkbox"/> Infant: 6wks-18mos	<input type="checkbox"/> Toddler: 18mo-3 yrs	<input type="checkbox"/> 3 yrs-5 yrs		
Weekly attendance	<input type="checkbox"/> 2 days per week	<input type="checkbox"/> 3 days per week	<input type="checkbox"/> 5 days per week		
Yearly attendance	<input type="checkbox"/> Full day, 12 mos a year	<input type="checkbox"/> Full day, 9 mos a year	<i>(child graduates ELC in May 2024)</i>		
	<input type="checkbox"/> Part day, 12 mos a year	<input type="checkbox"/> Summer only			
	<input type="checkbox"/> Part day, 9 mos a year				
Child #2 Last Name		Child #2 First Name		DOB	
Age Category	<input type="checkbox"/> Infant: 6wks-18mos	<input type="checkbox"/> Toddler: 18mo-3 yrs	<input type="checkbox"/> 3 yrs-5 yrs		
Weekly attendance	<input type="checkbox"/> 2 days per week	<input type="checkbox"/> 3 days per week	<input type="checkbox"/> 5 days per week		
Yearly attendance	<input type="checkbox"/> Full day, 12 mos a year	<input type="checkbox"/> Full day, 9 mos a year	<i>(child graduates ELC in May 2024)</i>		
	<input type="checkbox"/> Part day, 12 mos a year	<input type="checkbox"/> Summer only			
	<input type="checkbox"/> Part day, 9 mos a year				
Child #3 Last Name		Child #3 First Name		DOB	
Age Category	<input type="checkbox"/> Infant: 6wks-18mos	<input type="checkbox"/> Toddler: 18mo-3 yrs	<input type="checkbox"/> 3 yrs-5 yrs		
Weekly attendance	<input type="checkbox"/> 2 days per week	<input type="checkbox"/> 3 days per week	<input type="checkbox"/> 5 days per week		
Yearly attendance	<input type="checkbox"/> Full day, 12 mos a year	<input type="checkbox"/> Full day, 9 mos a year	<i>(child graduates ELC in May 2024)</i>		
	<input type="checkbox"/> Part day, 9 mos a year	<input type="checkbox"/> Summer only			
	<input type="checkbox"/> Part day, 9 mos a year				
Please list, in detail, any sources of financial assistance for which you have applied and indicate any amount for which you have been approved or have pending for this program.					
Total monthly Early Learning Center tuition				\$	/mo
Amount of scholarship request				\$	

**A NOTE ABOUT EARLY LEARNING CENTER SCHOLARSHIPS**

Scholarship awards are based on the sessions indicated on this application that the child will attend. If the child is registered for fewer sessions, adjustments to the scholarship award may be made accordingly.

**Please do not wait for scholarship award letters to register your child for the ELC. Space is limited and we are seeing increased enrollment. Please reserve your space!**