

**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 On Wheels - Pacific NW             |
| <input type="checkbox"/> USY Itayly/Israel Pilgrimage         | <input type="checkbox"/> USY Summer in the City                 |
| <input type="checkbox"/> USY Israel Adventure Plus            | <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 26, 2010**