



## **Israeli School of Lexington - Scholarship Application Form**

### **IAC Boston Scholarship Grant**

Only the anonymous pages 2 -3 will be viewed by the full School Board. If you want your application to be anonymous please refrain from providing identifying details on pages 2-3. Use your full names only on pages 1 and 4.

**A parent or guardian must fill out and sign the following application.**

Parent/Guardian 1

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Address \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip code \_\_\_\_\_  
 Phone number \_\_\_\_\_ Cell phone number \_\_\_\_\_  
 Email address: \_\_\_\_\_

Parent/Guardian 2

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 (If not the same) Address \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip code \_\_\_\_\_  
 Phone number \_\_\_\_\_ Cell phone number \_\_\_\_\_  
 Email address: \_\_\_\_\_

Child 1

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 (If not the same) Address \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip code \_\_\_\_\_

Child 2

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 (If not the same) Address \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip code \_\_\_\_\_

Child 3

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 (If not the same) Address \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip code \_\_\_\_\_

For office use only -

Family code: \_\_\_\_\_

Family code: \_\_\_\_\_ Date: \_\_\_\_\_

Scholarship application for school year: \_\_\_\_\_

List the **number** of all household members including children, siblings and both parents of children living in home. Also, include other relatives and friends living in home if you live as a single economic unit:

Adults: \_\_\_\_\_

Children: \_\_\_\_\_

Number of children ages 4-12: \_\_\_\_\_

Number of children enrolled at the Israeli school on the application year: \_\_\_\_\_

Do you currently receive or have been approved to receive one of the Israeli school scholarships for the application year? Yes / No Please specify: \_\_\_\_\_

What is the total estimated payment (including tuition and fees) to be made by your household to the Israeli school of Lexington in the application year? (before this application) \_\_\_\_\_

Other Comments \_\_\_\_\_

Please let us know to which Scholarship you are applying for:

- Financial aid – Continue to section 1.
- 3 or more kids in the school – continue to page 4 to sign this application.

Non-discrimination statement:

The Israeli School of Lexington Inc. admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies and any school-administrated programs.

**Section 1 - Financial Aid scholarship:**

All questions refer to the application year only:

Parent/Guardian 1

Occupation \_\_\_\_\_

Total estimated annual income from earnings and scholarships: \_\_\_\_\_

Parent/Guardian 2

Occupation \_\_\_\_\_

Total estimated annual income from earnings and scholarships: \_\_\_\_\_

Other sources of household income (Social security / assets / rent etc.):

\_\_\_\_\_

Total estimated annual income (earning, scholarship, other income): \_\_\_\_\_

Other relevant facts or comments

\_\_\_\_\_  
\_\_\_\_\_

Please continue to page 4 to sign this application.

I certify that all information on this application is true and that all income/data is reported. I understand that school officials may verify the information. I understand that if I purposely give false information, my children may lose the scholarship benefits that I am applying for, and that I may be prosecuted.

Sign here \_\_\_\_\_ Print name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip code \_\_\_\_\_

Phone number \_\_\_\_\_ Cell phone number \_\_\_\_\_



**For office use only:**

Date of Board discussion: \_\_\_\_\_

Decision: \_\_\_\_\_

Determining officer: \_\_\_\_\_

Confirming officer: \_\_\_\_\_