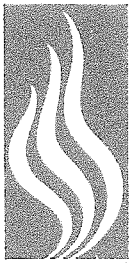


2011-2012 Financial Assistance Packet

Contents:

- Cover Letter
- Application Instructions
- Application Checklist
- Application (5 pages)
- Recommendation Form I
 - To be filled out by Youth or Education Director
- Recommendation Form II
 - To be filled out by Rabbi or Synagogue President



THE
UNITED
SYNAGOGUE OF
CONSERVATIVE
JUDAISM

התאחדות
הסניגוים
המקוננים
בארצות
הברית

The Association
of Conservative
Congregations

Pacific Southwest Region

15840 Ventura Boulevard Suite 200 ✦ Encino, California 91436-2967
(818) 986-0907 ✦ Fax: (818) 986-6903 ✦ e-mail: pacsw@uscj.org

September 2011

Dear Parent/Guardian:

The Pacific Southwest Region of United Synagogue is pleased once again to offer financial assistance grants to qualified children and teens in order that they may participate in and benefit from a variety of USY programs, as well as Camp Ramah Summer Camp. The enclosed information is designed to make the financial aid application process as efficient and equitable as possible.

Due to the limited funds available, we recommend you apply to as many funding sources as possible. Other sources of funding include:

- Your synagogue, Rabbi, Sisterhood or Men's Club;
- Your child's religious school or day school;
- Local Federation, Bureau of Jewish Education;
- Camp Ramah
- Local Jewish Free Loan Association;
- Your extended family.

Please remember that each funding source has its own criteria and deadlines, so we suggest you contact them as soon as possible.

We have revised the application as well as the deadlines to better reflect the calendar and the needs of the Financial Assistance Committee. Please read carefully the enclosed **Financial Aid Application Instructions**. **DEADLINES WILL BE STRICTLY ENFORCED**. It is the responsibility of the applicant to make sure ALL required paperwork is filled out completely.

The sole criterion for receiving financial assistance from the Pacific Southwest Region is family financial need. The information provided in the application, required income tax documentation, and supporting references, will be kept strictly confidential.

If you have any questions regarding our financial assistance application procedures, please call me at 818-986-0907, ext. 230 or e-mail at alpert@uscj.org.

Sincerely,

Merrill Alpert
Director of Youth Activities
Far West Region United Synagogue Youth

Please read carefully
before completing
the attached
application.

The United Synagogue of Conservative Judaism
Pacific Southwest Region
Financial Aid Application Instructions

Funds for these grants are provided by United Synagogue Congregations in the Pacific Southwest Region through their payments of United Synagogue dues package. Additional funding is provided by the United Synagogue Youth Tikun Olam Program. Grants are awarded by the United Synagogue Regional Scholarship Committee. **ALL APPLICANTS MUST SHOW FINANCIAL NEED.**

Due Date

Financial Aid Applications, required income tax documents, and reference forms must be submitted to the Pacific Southwest Region office by the due date for the program for which you are applying as listed below.

Late or incomplete applications will not be considered!

REGIONAL PROGRAMS

___ Kadima Kinnus	(11/1/11)
___ Camp Ramah Summer Camp **	(3/1/12)
___ USY Regional Convention	(4/15/12)
___ Far West on Wheels	(6/1/12)

TIKUN OLAM PROGRAMS

___ USY High	(12/1/11)
___ USY on Wheels (NY)	(2/1/12)
___ USY Israel Pilgrimage	(2/1/12)
___ Nativ	(4/1/12)

** Scholarship money for Camp Ramah is extremely limited.

Rules and Regulations

- A) Applicants must be registered and pay a deposit where required for the program to be considered for Financial Aid. A copy of the Program Application Form and proof of deposit where required must be submitted and approved **before** this Financial Aid Application will be considered.
- B) Incomplete applications will **not** be considered. It is your responsibility to make sure your application is complete.
- C) Applicant's family must be members in good standing of a Pacific Southwest Region United Synagogue congregation to be considered for assistance for **Regional Programs** listed above. Applicant must be a member in good standing of a Far West Region USY Chapter to be considered for assistance for **Tikun Olam** Programs listed above.

Required Income Tax Documents

Include with your Financial Aid Application a **copy** of the following documents:

- A) Completed copy of your form 1040 tax return for the last two years (including all schedules)
- B) All W-2 forms for 2010 and/or 2011
AND/OR
All 1099 forms for 2010 or 2011 if you are self employed
- C) All required schedules, including schedule C if you are the sole owner of a business
- D) Applicable tax returns and related K-1 forms if you are a principal in a professional corporation or a partnership

Please note that if questions arise, the Scholarship Committee may ask for additional documents or further details after reviewing your completed application.

Other Required Documents

- A) Confidential Financial Aid Reference Form I to be filled out by your Congregational **Rabbi or President.**
- B) Confidential Financial Aid Reference Form II to be filled out by your Congregational **Youth Director or Education Director.**
- C) Parents MUST answer question VI on Page 5 – Other Information

Signatures

Be sure that **both parents/guardians** have signed the form. **Unsigned applications will not be considered.** For single parent households, a signature from the primary parent or guardian is acceptable along with documentation attesting to independent financial responsibility.

No Past Due Balances

The Scholarship Committee will not consider a financial aid application if the family has a past due balance from a previous Regional event.

Delivery of Application

We cannot be responsible for applications that may be lost in the mail. We recommend that you hand deliver the application to the Regional office or send it registered mail (return receipt requested) to ensure that it arrives in our office safely and on time. We also recommend that you keep a copy of your application. Applications must be addressed to:

**Financial Assistance Committee
United Synagogue of Conservative Judaism
Pacific Southwest Region
15840 Ventura Blvd., Suite 200
Encino, CA 91436**

Confidentiality

The information provided in this application will be kept strictly confidential.

Notification

You will be notified of the committee's decisions as follows:

REGIONAL PROGRAMS

Kadima Kinnus	week of	2/15/12
USY Regional Convention	“	5/01/12
Camp Ramah Summer Programs	“	3/20/12
Far West on Wheels	“	6/15/12

TIKUN OLAM PROGRAMS

USY High	week of	12/20/11
USY on Wheels (NY)	“	2/20/12
USY Israel Pilgrimage	“	2/20/12
Nativ	“	4/25/12

Questions

Call Merrill Alpert, Director of Youth Activities, if you have any questions at (818) 986-0907, ext. 230 or e-mail, alpert@uscj.org.

Financial Aid Application Checklist

Use this handy checklist to assemble all required documents for the Financial Aid Application. It is the responsibility of the applicant and his/her parents to make sure all required documents are submitted to the Scholarship Committee. Incomplete applications cannot be considered.

Did you remember to include?

Financial Aid Application-all 5 pages

*Parents must answer both parts of question VI on page 5.

Recommendation Form I

Recommendation Form II

2009 or 2010 Federal Income Tax Return
with ALL SCHEDULES

*applications submitted with only the first two pages will be considered incomplete

2009 or 2010 Federal Income Tax Return
with ALL SCHEDULES

* applications submitted with only the first two pages will be considered incomplete.

*if your 2010 Tax Returns are not completed, you may submit your 2010 Form 1099(s), but at least your 2009 Returns should be included.

The United Synagogue of Conservative Judaism
Pacific Southwest Region

FINANCIAL AID APPLICATION

Please read Financial Aid Application Instructions Carefully

I. YOUR FAMILY

Applicant's Name(s)	(as of 9/11)		REGIONAL PROGRAMS (Check all Programs that apply)				TIKUN OLAM PROGRAMS (Check all Programs that apply)			
	Grade	Age	Kadima Kinnus	Reg. Conv.	Camp Ramah	FWW 2-1/2 week	USY High	USY on Wheels 6-week	Israel Pilgrimage	Nativ

Applicant Lives With: Both Parents Mother Father Other

Parents Are: Married Separated Divorced Widowed

Home Address: _____ Phone: (____) _____

City: _____ State: _____ Zip: _____

A. Parent/Guardian Name: _____ Work Phone: (____) _____

B. Parent/Guardian Name: _____ Work Phone: (____) _____

Mother's e-mail _____ Father's e-mail _____

Other Children in the Family:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

To what synagogue do you belong? _____

(must be in the Pacific Southwest Region of United Synagogue of Conservative Judaism)

How long have you been members? _____

If you are applying for a **Tikun Olam** Grant, to which USY chapter do you belong?

Israel applicants only:

Have you been to Israel before? YES NO

How many times? _____

In what capacity? _____

II. YOUR BUDGET

Program Applying For:	Cost of Program	Applicant's Family Providing DO NOT LEAVE BLANK	Applicant Providing
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

From what other sources are you seeking financial aid? Please contact as many sources as possible.
 (Suggested sources: Synagogue, Sisterhood, Men's Club, USY, Camp Ramah (if applicable), local Federation, Rabbi's Fund, etc.)
 Please list all sources:

Organization	Phone	Contact	Amount Requested

III. YOUR FINANCIAL REQUEST

Have you received financial aid from **UNITED SYNAGOGUE** in the past? YES NO

Year _____ Program _____ Amount \$ _____

Year _____ Program _____ Amount \$ _____

Year _____ Program _____ Amount \$ _____

How much are you requesting from United Synagogue, Pacific Southwest Region this year? \$ _____
 (Do NOT leave blank)

Who will be completing your **FINANCIAL AID REFERENCE** Forms?

FORM I. _____ Date Given: _____
Synagogue Rabbi or President's Name

FORM II. _____ Date Given: _____
Synagogue Youth Director or Education Director's Name

V. PARENT(S)/GUARDIAN(S) EXPENSES

Residence If You Own

Year Home Was Purchased: _____

Purchase Price: \$ _____

Mortgage Balance: \$ _____

Source of Down Payment: _____

Residence If You Rent House/Apartment

Automobile

Does your employer provide a car? YES NO

How Many Cars Do You _____

Make & Year of Auto 1: _____ Own? Lease?

Make & Year of Auto 2: _____ Own? Lease?

Make & Year of Auto 3: _____ Own? Lease?

Education

What Schools/colleges do your children attend?

*Include in this amount only the tuition, which is paid by your family-net financial aid, etc.

Do you receive financial aid at these schools? YES NO

Approximate Amount of Yearly Aid: \$ _____

Household Expenses

Food/Clothing/Entertainment/Utilities (gas, electric, phone, TV, internet...)

Other Expenses

Mortgage Payments:
(Principle, Interest, PMI, etc.)

Real Estate Taxes:

Insurance:

Rent:

Insurance:

Payment Auto 1:

Payment Auto 2:

Payment Auto 3:

Automobile Insurance:

Tuition Payment*:

Tuition Payment*:

Tuition Payment*:

Tuition Payment*:

Child Care:

Health/Life/Disability Insurance:

Other Medical Expenses:

Housekeeper:

Synagogue Dues:

	Monthly	Yearly
Mortgage Payments: (Principle, Interest, PMI, etc.)	\$	\$
Real Estate Taxes:	\$	\$
Insurance:	\$	\$
Rent:	\$	\$
Insurance:	\$	\$
Payment Auto 1:	\$	\$
Payment Auto 2:	\$	\$
Payment Auto 3:	\$	\$
Automobile Insurance:	\$	\$
Tuition Payment*:	\$	\$
Tuition Payment*:	\$	\$
Tuition Payment*:	\$	\$
Tuition Payment*:	\$	\$
Child Care:	\$	\$
Health/Life/Disability Insurance:	\$	\$
Other Medical Expenses:	\$	\$
Housekeeper:	\$	\$
Synagogue Dues:	\$	\$

The United Synagogue of Conservative Judaism
Pacific Southwest Region
CONFIDENTIAL FINANCIAL AID REFERENCE FORM I
To be completed by Rabbi or Synagogue President
(Your reply will be held in the strictest confidence)

INSTRUCTIONS FOR APPLICANTS:

1. Please complete items **A-E** ONLY below before giving this form to your references.
2. Please write your name in the space provided at the top of page 2.
3. Please provide your reference with a stamped envelope addressed to:

Financial Assistance Committee
United Synagogue of Conservative Judaism-Pacific Southwest Region
15840 Ventura Blvd., Suite 200
Encino, CA 91436

INSTRUCTIONS FOR RABBI OR SYNAGOGUE PRESIDENT:

Please read carefully before completing. This form, when completed becomes a part of the applicant's Financial Assistance Application. It is not possible to overstate its importance. It has been designed to accomplish two things:

1. It eliminates the need for "letters of recommendation".
2. It gives the Committee uniform information upon which to base its decisions.

When you have completed the form, please send it directly to the United Synagogue Regional Office. DO NOT return it to the applicant. Please keep in mind that all Assistance is based on Financial Need.

THIS COMPLETED FORM MUST REACH THE UNITED SYNAGOGUE REGIONAL OFFICE BY THE SPECIFIED DEADLINE (AS LISTED BELOW) OF THE PROGRAM IN ORDER TO BE CONSIDERED.

REGIONAL PROGRAMS

Kadima Kinnus (11/1/11)
 Camp Ramah Summer Programs (3/1/12)
 USY Regional Convention (4/15/12)
 Far West on Wheels (6/1/12)

TIKUN OLAM PROGRAMS

USY High (12/1/11)
 USY on Wheels (NY) (2/1/12)
 USY Israel Pilgrimage (2/1/12)
 Nativ (4/1/12)

Thank you for your time and cooperation.

A. APPLICANT'S NAME: _____

B. SYNAGOGUE/USY CHAPTER: _____

C. PROGRAM APPLIED FOR: _____

D. COST OF PROGRAM: \$ _____

E. AMOUNT REQUESTED: \$ _____

APPLICANT'S NAME _____

- 1) How would you characterize the financial need of this applicant?
 - a) Will not be able to participate in the program without assistance.
 - b) Will likely participate with no assistance.
 - c) Does not need assistance.
 - d) I don't know.

- 2) How much is the family of the applicant able to help financially with participation in the program?
 - a) Unable to help at all.
 - b) Able to help to some degree.
 - c) Chooses to spend elsewhere.
 - d) I don't know.

- 3) Which organizations inside/outside of you synagogue offer financial assistance for this program?
 - a) _____
 - b) _____
 - c) _____

Has applicant applied?

- 4) Is the applicant active in the USY chapter?
 - a) Attends most chapter events
 - b) Attends chapter events on occasion
 - c) Is most interested in Regional events and rarely attends Chapter events.
 - d) Is just getting started in USY
 - e) I don't know

(Name and Title of person filling out this form - PLEASE PRINT)

(SIGNATURE)

(DATE)

PLEASE RETURN THIS FORM TO:

Regional Financial Assistance Committee
The United Synagogue of Conservative Judaism
Pacific Southwest Region
15840 Ventura Blvd., Suite 200
Encino, CA 91436

The United Synagogue of Conservative Judaism
Pacific Southwest Region
CONFIDENTIAL FINANCIAL AID REFERENCE FORM II
To be completed by Youth Director or Education Director
(Your reply will be held in the strictest confidence)

INSTRUCTIONS FOR APPLICANTS:

1. Please complete items A-E ONLY below before giving this form to your references.
2. Please write your name in the space provided at the top of page 2.
3. Please provide your reference with a stamped envelope addressed to:

Financial Assistance Committee
United Synagogue of Conservative Judaism-Pacific Southwest Region
15840 Ventura Blvd., Suite 200
Encino, CA 91436

INSTRUCTIONS FOR YOUTH DIRECTOR OR EDUCATION DIRECTOR:

Please read carefully before completing. This form, when completed becomes a part of the applicant's Financial Assistance Application. It is not possible to overstate its importance. It has been designed to accomplish two things:

1. It eliminates the need for "letters of recommendation".
2. It gives the Committee uniform information upon which to base its decisions.

When you have completed the form, please send it directly to the United Synagogue Regional Office. DO NOT return it to the applicant. Please keep in mind that all Assistance is based on Financial Need.

THIS COMPLETED FORM MUST REACH THE UNITED SYNAGOGUE REGIONAL OFFICE BY THE SPECIFIED DEADLINE (AS LISTED BELOW) OF THE PROGRAM IN ORDER TO BE CONSIDERED.

REGIONAL PROGRAMS

Kadima Kinnus (11/1/11)
 Camp Ramah Summer Programs (3/1/12)
 USY Regional Convention (4/15/12)
 Far West on Wheels (6/1/12)

TIKUN OLAM PROGRAMS

USY High (12/1/11)
 USY on Wheels (NY) (2/1/12)
 USY Israel Pilgrimage (2/1/12)
 Summer in the City (2/1/12)
 Nativ (4/1/12)

Thank you for your time and cooperation.

A. APPLICANT'S NAME: _____

B. SYNAGOGUE/USY CHAPTER: _____

C. PROGRAM APPLIED FOR: _____

D. COST OF PROGRAM: \$ _____

E. AMOUNT REQUESTED: \$ _____

APPLICANT'S NAME _____

- 1) How would you characterize the financial need of this applicant?
 - a) Will not be able to participate in the program without assistance.
 - b) Will likely participate with no assistance.
 - c) Does not need assistance.
 - d) I don't know.

- 2) How much is the family of the applicant able to help financially with participation in the program?
 - a) Unable to help at all.
 - b) Able to help to some degree.
 - c) Chooses to spend elsewhere.
 - d) I don't know.

- 3) Which organizations inside/outside of you synagogue offer financial assistance for this program?
 - a) _____
 - b) _____
 - c) _____

Has applicant applied?

- 4) What else should the Financial Assistance Committee know regarding the family's financial situation?

- 5) Which programs has the applicant attended within the last year? Does the applicant receive any financial assistance for these programs? From where?

(Name and Title of person filling out this form - PLEASE PRINT)

(SIGNATURE)

(DATE)

PLEASE RETURN THIS FORM TO:
Regional Financial Assistance Committee
The United Synagogue of Conservative Judaism
Pacific Southwest Region
15840 Ventura Blvd., Suite 200
Encino, CA 91436