



Bnei Akiva of the US & Canada
Mach Hach BaAretz 2026
Financial Aid Application

Please complete these three pages, **attach copies of your COMPLETE FEDERAL INCOME TAX RETURN FOR EACH PARENT FOR 2024 OR (if available) Form 1040 and all supporting schedules and forms sent to the IRS** and return to:

email to: shula@bneiakiva.org

Please Note: Preference will be given to applicants who submit this form **before January 1st.**

Camper's Name _____ Date of Birth _____ Grade _____

Street Address _____ City & State _____ Phone _____

School _____ Synagogue Affiliation _____

THE INFORMATION GIVEN IN THIS APPLICATION IS FOR THE PURPOSE OF APPLYING TO BNEI AKIVA FOR A FINANCIAL SUBSIDY. I THE UNDERSIGNED STATE THAT ALL STATEMENTS MADE HEREIN ARE TRUE. FALSE OR MISLEADING STATEMENTS WILL CAUSE THIS APPLICATION TO BE REJECTED WITH NO FURTHER CONSIDERATION.

Father's Signature (or Legal Guardian) _____ Date: _____

Mother's Signature (or Legal Guardian) _____ Date: _____

The applicant is applying for a financial subsidy in the amount of \$ _____

Have you applied to other sources for scholarship assistance? ☐ Yes ☐ No

Name Of Source	Date Applied	Subsidy requested	Response

Has the applicant been to Israel before? _____

If yes, in what capacity? (family visit, organized touring program, etc)

Last Name _____

Family information:

Father's Name (or Legal Guardian) _____

Occupation _____ Employer _____

Business Address _____ Business Phone _____ Email _____

☐ Owner ☐ Partner ☐ Employee

Mother's Name (or Legal Guardian) _____

Occupation _____ Employer _____

Business Address _____ Business Phone _____ Email _____

☐ Owner ☐ Partner ☐ Employee

Marital Status of Parents: _____

If Divorced, Child Lives with _____

If parents are divorced, or separated, what amount of court ordered support is being received for the applicant? _____

Please provide information about the applicant's siblings:

Name Of Child	Age	School Attending	Tuition	Subsidy Granted

Last Name _____

Financial History:

	2024	2025 (Estimated)	
Total # Of Exemptions			
Wages, Salaries Tips (Father)			
Wages, Salaries Tips (Mother)			
Interest, Investment Other income			
Net Income from Firm (If applicable)			
Total Family Income			
Income Tax Paid federal, State, City			
Medical/Dental Expenses not covered by insurance			
Alimony payments, Child Support (if applicable)			

Assets:

Do you rent an apartment or home? _____ Monthly rent _____

Do you own your primary home, condominium or co-op? _____

Current market value _____ Unpaid mortgage _____

Monthly carrying charge _____ Purchase price and year _____

Please list any extenuating circumstances for consideration:

For Office Use Only:

Amount granted: _____ Notes: _____

Signature: _____ Date: _____