

Need-Based Scholarship Application Instructions

Some of the MA programs have a limited number of scholarships available for students based on financial need. Students who are in financial need are encouraged to submit an application, which can be found on our website.

Your application will be returned to you if any pertinent information is left blank or if you do not submit all requested supporting documentation by the deadline stated in the guidelines.

The Scholarship Committee will not look at a scholarship application unless the applicant has completed his or her application and has been accepted to the program. You are welcome to submit an application for need-based scholarship at the time you submit your application for admission. However, even if you submit your application for admission *before* the deadline, your application for financial aid will only be reviewed *after* the deadline.

In addition to the University of Haifa need-based scholarship you can also submit applications to all other scholarship opportunities for which you are eligible (MASA, local Jewish Federation, etc.).

Recipients of need-based scholarships from the University of Haifa are required to participate in the Volunteer Program while they are in Haifa. In addition, they will be expected to serve as ambassadors for the University of Haifa for the year following their return to their home countries. As ambassadors they will be expected to promote the University of Haifa via participation in Israel program fairs, visits to Hebrew classes and other relevant groups on campuses, and telephone and e-mail contact with potential applicants.

Please mail application and supporting documents to:

Admissions Office
International School
University of Haifa
Haifa 31905
ISRAEL

The application deadline is April 15.

Need-Based Scholarship Application

1. Personal Details:

Name (first, middle, last): _____

Age: _____ Birthday: _____ Circle one: Male Female

Marital Status: Circle One Single / Married / Divorced / Widowed / Separated / Parent

Permanent Address: _____

City _____ State _____ Zip _____ Country _____

Permanent Phone: _____

Current Address: _____

City _____ State _____ Zip _____ Country _____

Current Phone: _____ Cell Phone: _____

E-mail: _____ Passport Number: _____ Israeli

ID Number (where applicable): _____

Countries of citizenship: _____ Place of birth: _____

2. Education

Secondary school(s) attended:

Name _____ From Date _____ To Date _____

Name _____ From Date _____ To Date _____

Current University/College : _____ Graduation date: _____

Other Universities/Colleges Attended:

Name _____ From Date _____ To Date _____ Name

_____ From Date _____ To Date _____

Name _____ From Date _____ To Date _____

Name _____ From Date _____ To Date _____

Please list any volunteer or extra-curricular activities that you currently take part in :

- 1.
- 2.
- 3.

3. Work Experience

Organization _____ Position/Title _____ Dates _____

Organization _____ Position/Title _____ Dates _____

Organization _____ Position/Title _____ Dates _____

Organization _____ Position/Title _____ Dates _____

4. Family Status:

Parent/Legal Guardian 1:

Name (first, middle, last): _____

Marital Status: Circle One Single / Married / Divorced / Widowed

Highest Level of Education Completed: _____

Occupation: _____

Dependents: _____

- Income Bracket:
- ___ \$0 – \$15,000
 - ___ \$ 15,000 - \$45,000
 - ___ \$45,000 - \$70,000
 - ___ \$70,000 - \$100, 000
 - ___ \$100, 000 - \$130,000
 - ___ Over \$130,000

Parent/Legal Guardian 2:

Name (first, middle, last): _____

Marital Status: Circle One Single / Married / Divorced / Widowed

Highest Level of Education Completed: _____

Occupation: _____

Dependents: _____

- Income Bracket:
- ___ \$0 – \$15,000
 - ___ \$ 15,000 - \$45,000
 - ___ \$45,000 - \$70,000
 - ___ \$70,000 - \$100, 000
 - ___ \$100, 000 - \$130,000
 - ___ Over \$130,000

Parent/Legal Guardian 3:

Name (first, middle, last): _____

Marital Status: Circle One Single / Married / Divorced / Widowed

Highest Level of Education Completed: _____

Occupation: _____

Dependents: _____

- Income Bracket:
- ___ \$0 – \$15,000
 - ___ \$ 15,000 - \$45,000
 - ___ \$45,000 - \$70,000
 - ___ \$70,000 - \$100, 000
 - ___ \$100, 000 - \$130,000
 - ___ Over \$130,000

5. Enrollment Information

Please indicate which Master's program you have been accepted to:

6. Grant Information:

a) Sources of funding:

	2015-2016 contributions
Parents/Self	
Scholarship (source:_____)	
Loan (source:_____)	
Student Earnings	
Other (source:_____)	

b) Have you applied for any scholarships, grants or loans from a private organization that can be used towards your program of study at the University of Haifa?

___ yes ___ (no)

If you marked yes, please list organization and amount expected:

c) Do you or your parents anticipate a significant difference between your financial contributions toward your education?

___ yes (if so, please explain) ___ (no)

d) Will you have to cover any major expenses during your studies in Haifa? (i.e. loan repayments, medical bills, dependents) Please list.

e) Amount requesting from University of Haifa: _____

7. Applicant's Statement:

I hereby certify that all of the information on this form is true and complete to the best of my knowledge. I agree to provide proof of the information that I have given on this application if asked by an authorized official of the International School to do so. Should I fail to provide such proof when requested, I understand that my application for financial aid may be disqualified. In the event that an award is made by the International School, I hereby give permission to the International School to release to donors or sponsoring organizations the information provided herein.

Applicant's Signature: _____ Date: _____