



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 the Need-Based Scholarship Application found below. Feel free to view our website for further scholarship options.

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 these guidelines. Please note that the Need-Based scholarship may only be used to cover tuition fees. Any amount requested on the application above \$9,980 will not be considered by the scholarship committee.

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.). If you are a recipient of the Ministry of Foreign Affairs scholarship, you may request a maximum amount of \$2,000. Should the Finance Department become aware that you receive above this amount while also receiving a MFA scholarship, the Director of Finance has the right to withhold the Need-Based funds exceeding the \$2,000 limit for students receiving the MFA scholarship.

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 and other relevant groups on campuses, telephone, and e-mail contact with potential applicants.

Please email your application and supporting documents to:
Ms. Vicky Greenberg, <mailto:greenber@univ.haifa.ac.il>

The application deadline is April 15.

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Graduate Programs Department, International School, University of Haifa
Abba Hushi Blvd 199, Mount Carmel, Haifa 3478601, Israel Tel: +972-48-28-8730 E-mail: infograd@univ.haifa.ac.il



Need-Based Scholarship Application

1. Personal Details:

Name (first, middle, last): _____

Age: _____ Birthday: _____ Circle one: Male / Female

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 (if applicable): _____

Countries of citizenship: _____

Place of birth: _____

2. Education:

Current University/College: _____ Graduation date: _____

Other Universities/Colleges Attended: _____

Name _____ From Date _____ To Date _____

Name _____ From Date _____ To Date _____

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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 _____

4. Family Status:

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

For single, please fill in the following information on Parent/Legal Guardian:

Parent/Legal Guardian 1:

Name (first, middle, last): _____

Parent/ Legal Guardian Marital Status (circle one): Single / Married / Divorced / Widowed

Highest Level of Education Completed: _____

Occupation: _____

Number of dependents: _____

Guardian's Income Bracket (circle one):

\$0 – \$15,000

\$ 15,000 - \$45,000

\$45,000 - \$70,000

\$70,000 - \$100, 000

\$100, 000 - \$130,000

Over \$130,000

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Parent/Legal Guardian 2:

Name (first, middle, last): _____

Parent/ Legal Guardian Marital Status (circle one): Single / Married / Divorced / Widowed

Highest Level of Education Completed: _____

Occupation: _____

Number of dependents: _____

Guardian's Income Bracket (circle one):

- \$0 – \$15,000
- \$ 15,000 - \$45,000
- \$45,000 - \$70,000
- \$70,000 - \$100, 000
- \$100, 000 - \$130,000
- Over \$130,000

For other statuses, please fill in the following information:

Applicant's Income Bracket (circle one):

- \$0 – \$15,000
- \$ 15,000 - \$45,000
- \$45,000 - \$70,000
- \$70,000 - \$100, 000
- \$100, 000 - \$130,000
- Over \$130,000

Number of dependents: _____

Please list the dependents and their relationship to the applicant:

- 1). _____
- 2). _____
- 3). _____
- 4). _____
- 5). _____

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5. Enrollment Information:

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

6. Sources of funding:

	Amount
Parents/Self:	
Scholarship (source: _____)	
Loan (source: _____)	
Student Earnings	
Other (source: _____)	

1) Have you applied or do you plan to apply for any scholarships, grants or loans from a private organization (including MASA, Israel MFA, local Jewish Federation, etc.) that can be used towards your program of study at the University of Haifa? (circle one)

yes / no

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

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

3) Amount of scholarship requested 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. By signing this document, I have affirmed that I have read all the details of the Need-Based scholarship instructions and have requested the appropriate amount given my financial situation and need. 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: _____

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