אוניברסיטת חיפה
UNIVERSITY OF HAIFA
جامعة حيفا

Need-Based Scholarship Application Instructions

UHaifa International offers a limited number of scholarships for students with demonstrated financial need. We strongly encourage students facing financial challenges to complete and submit the Need-Based Scholarship Application provided below. Further scholarship opportunities can also be explored on our website.

Your application will be processed promptly when all required information is provided, and all supporting documentation is submitted. It is important to complete all sections of the application to ensure a smooth evaluation process.

The Scholarship Committee will consider scholarship applications only from applicants who have successfully completed the application process and received an official acceptance letter.

In addition to applying for the University of Haifa need-based scholarship, we encourage you to explore and submit applications for other eligible scholarship opportunities, such as MASA, local Jewish Federation grants, and more. While you are welcome to seek multiple scholarships, please be aware that if you receive funding from other organizations or academic departments within the University of Haifa (excluding the International School), the total aid should not exceed the tuition fees (excluding service fees).

Should the Finance Department become aware that you received a scholarship from other institutions, and the combined amount, along with the Need-Based scholarship, exceeds the University's tuition fees, the Director of Finance reserves the right to withhold the excess funds from the Need-Based scholarship.

The eligible applicants will participate in a Give back volunteering program during their studies at UHaifa International.

Please submit your application along with the necessary supporting documents through the designated tab on your application portal.

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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: _____

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2. Education:

Current University/College: _____Graduation date: _____

Other Universities/Colleges Attended: _____

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_____

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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

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):

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$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 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:

_____

_____

_____

_____

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

_____

_____

_____

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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: _____