Financial Aid Instructions
International School
University of Haifa

Each year a limited number of students will be granted financial aid based on need. Students who are in financial need are encouraged to submit an application.

In addition to the financial aid application, students must submit the following:
- **Letter explaining your financial situation and request for aid.**
- **U.S. Applicants Only:** Copy of your Student Aid Report. (The Student Aid Report is received after completing the FAFSA-Free Application for Federal Student Aid. For information about completing the FAFSA please visit [www.fafsa.ed.gov](http://www.fafsa.ed.gov).)
- **Resume / CV**

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 Financial Aid Committee will not look at a scholarship application unless the applicant has completed his or her application to the International School and has been accepted to the program. You are welcome to submit an application for financial aid 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 order to be eligible for University of Haifa financial aid you must also submit applications to all other scholarship opportunities for which you are eligible (MASA, local Jewish Federation, etc.).

Recipients of financial aid 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:

Study Abroad Office
International School
University of Haifa
Haifa 3498838
ISRAEL

The application deadlines are as follows:

- **Full Year and Fall Semester:** April 15
- **Spring Semester:** November 15
- **Winter Programs:** January 1
- **Summer Programs:** June 1

Decisions will be made two weeks after the deadline for each program and applicants will be notified via email.
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 _______

Mount Carmel, Haifa, Israel 3498838 Tel: + 972 4 8240766 Fax: + 972 4 8240391
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 the University of Haifa program to which you are applying or to which you have already been accepted:

Mount Carmel, Haifa, Israel 3498838 Tel: + 972 4 8240766 Fax: + 972 4 8240391
Semester or Year Full-Time Program

Intensive Hebrew Ulpan (please indicate which session):

- Summer Session I
- Summer Session II
- Winter

Intensive Arabic Program

- Summer Session I
- Summer Session II

Summer Courses

Summer Internship

Study Tour

6. Grant Information:

a) Do you currently receive financial aid from the school in which you are enrolled?

- Yes  
- No

If yes, please provide details for type of grant ____________________________________________

b) Does your school transfer aid for study abroad?

- Yes  
- No

c) Will your school initiate a consortium agreement for the transfer of federal aid? (US only: please consult with a financial aid administrator at your school to answer this):

- Yes  
- No

d) Sources of funding:

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<thead>
<tr>
<th></th>
<th>2015-2016 contributions</th>
<th>2016-2017 contributions</th>
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<tbody>
<tr>
<td>Parents/Self</td>
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<tr>
<td>Scholarship (source:______________________)</td>
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<td>Loan (source:___________________________)</td>
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<td>Student Earnings</td>
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<td>Other (source:___________________________)</td>
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e) 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:

_______________________________________________________________________________

_______________________________________________________________________________
f) Do you or your parents anticipate a significant difference between your financial contribution toward your education in 2013-2014 and your ability to contribute in 2014-2015?
   ___ yes (if so, please explain)  ____ (no)

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

   h) 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: __________________________