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:

_______________________________________________________________________________

Mount Carmel, Haifa 31905, Israel  Tel: +972-4-824-0766  Fax: +972-4 -824-0391 31905
infograd@univ.haifa.ac.il
**a) Sources of funding:**

<table>
<thead>
<tr>
<th>Source</th>
<th>2015-2016 contributions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parents/Self</td>
<td></td>
</tr>
<tr>
<td>Scholarship (source:...)</td>
<td></td>
</tr>
<tr>
<td>Loan (source:...)</td>
<td></td>
</tr>
<tr>
<td>Student Earnings</td>
<td></td>
</tr>
<tr>
<td>Other (source:...)</td>
<td></td>
</tr>
</tbody>
</table>

**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: _____________________