

Scholarship Request Form

| Present Place of Study | | Last Name_ | | |
|---|---|-------------------|-----------------------------------|--|
| | | Annual Tuit | | |
| If yes, please note the I participated in | in the Tel-Hai Master Cla year and the amount of (scholarship – (scholarship – | scholarship award | ded, if applicable:) | |
| Annual gross income - | | | | |
| Family Details: | | | | |
| Father's Name | Occupation | Employer | Annual Salary | |
| | | | | |
| Mother's Name | Occupation | Employer | Annual Salary | |
| | | | | |
| | o grant full scholarships, n NIS, € or US \$) | • | at portion of the tuition you can | |
| Special financial constr | aints or other relevant c | omments: | | |
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This application must be accompanied by formal documentation of income, translated into English, with current exchange rates in US dollars.

^{**} Application can be sent only after on line registration has been completed.