**ISRAEL EXPERIENCE   
SCHOLARSHIP APPLICATION INSTRUCTIONS**

It is easy to apply for an Israel Experience scholarship from the Jewish Community Foundation. Simply follow the steps below. Be sure to submit everything listed here. We cannot consider incomplete applications.

Check off when completed

1. **Complete the Jewish Community Foundation’s Israel Experience Scholarship Application.** Send only **one** copy of the completed application. The application deadline is **December 1**.

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The application can be saved on your computer and completed in MS Word. Tofill in the application, tab between fields and type your information. Click in the checkboxes where appropriate to make your selection. Some boxes will expand to accommodate additional text.

□

1. **Attach an essay.** “Why I want to travel to Israel, what do I hope to learn and how this experience will make an impact on my life and my community.” The essay should be 1-2 pages in length.
2. **Complete the Financial Worksheet - *optional*.**  This form should accompany your application. Priority is given to students with financial need *and* have never traveled to Israel. If you have questions regarding this section, please send an inquiry to [grants@jcfhartford.org](mailto:grants@jcfhartford.org). All financial information will remain confidential.

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1. **If your program is not on the pre-approved list of trips (*see FAQ’s)*, please attach a description of/or brochure from the program which you plan to attend.**

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1. **Mail everything to:** Israel Experience Scholarship Program

Jewish Community Foundation of Greater Hartford

333 Bloomfield Avenue, Suite D

West Hartford, CT 06117

You may also scan all documents into a pdf and e-mail to [grants@jcfhartford.org](mailto:grants@jcfhartford.org)

**Questions?** Call 860.523.7460 and ask for the scholarship coordinator.

**ISRAEL EXPERIENCE SCHOLARSHIP APPLICATION**

**APPLICANT INFORMATION**

Applicant’s Name Name M  F

Address Address

City City State State Zip Zipcode

Cell Phone (XXX) XXX-XXXX Email Email Address

Date of Birth DOB Synagogue affiliation Synagogue

**Name/Sponsor of Program** Name of program

**Cost of Program** (tuition and airfare)Name of program

**Education**

School you are currently attending Name of School

City City State State Grade Grade

**Jewish Experience**

**Are you currently enrolled in a Jewish education program?** Yes No

Name of program Name of Program

Hours per week Hours

**Do you have any Jewish youth group and/or summer camp experience?**

Name of program Name of Program

Dates of involvement From to To Offices held Offices/Positions

Name of program Name of Program

Dates of involvement From to To Offices held Offices/Positions

Name of program Name of Program

Dates of involvement From to To Offices held Offices/Positions

**Where do you plan to perform your required volunteer work or community service in the Jewish community?**

Name of organization/program Name of Program

Name of organization/program Name of Program

**Israel Experience**

Have you previously traveled to Israel?  Yes  No

If yes, please give details (*when, for how long, under what circumstances*):

Click here to enter text.

###### FAMILY INFORMATION

**Father  Stepfather  Guardian**

Marital Status*:* Married  Divorced  Single

Name Full Name

Address Address

City City State State Zip Zipcode

Phone (h) (XXX) XXX-XXXX (c) (XXX) XXX-XXXX email Click or tap here to enter text.

**Mother  Stepmother  Guardian**

Marital Status: Married  Divorced  Single

Name Full Name Age Age

Address Address

City City State State Zip Zipcode

Phone (h) (XXX) XXX-XXXX (c) (XXX) XXX-XXXX email (XXX) XXX-XXXX

The information contained in this application and the accompanying financial worksheet (if applicable) is true and accurate to the best of our knowledge. The undersigned agree to fulfill all requirements and policies of the Jewish Community Foundation’s Israel Experience Program. Further, the undersigned agree to adhere to all rules, guidelines and policies to the Israel Experience trip provider. The Jewish Community Foundation assumes no responsibility for the student while participating on his/her chosen trip.

Date

Applicant Signature Date

Date

Signature of Parent or Guardian Date

**ISRAEL EXPERIENCE SCHOLARSHIP**

**FINANCIAL WORKSHEET (optional)**

To be considered for an Israel Experience scholarship based upon financial need, please complete this form an attach a copy of the **first two pages of your parents’ most recent IRS 1040**.

**Student Name:** Full Name

**Family Information**

Applicant: 2021 Gross Income $ Amount

Father: Occupation Occupation. Mother: Occupation Occupation.

2021 Gross Income $ Amount 2021 Gross Income $ Amount

**Household Finances**

List names and ages of all household members, including yourself:

Full Name Age

Full Name Age

Full Name Age

Full Name Age

Full Name Age

Home Rent Own

Monthly rent $ Amount Monthly mortgage payment $ Amount

Real Estate Holdings other than your family residence *(include year purchased, cost, market value, mortgage balance, etc.):*

Describe

Describe

Describe

Investments *(E.g., stocks, bonds, CDs; list name and current value)*

Investment $AmountInvestment $Amount

Investment $Amount Investment $Amount

Present Cash (applicant): Savings $ Amount Checking $ Amount

(parents): Savings $ Amount Checking $ Amount

Family Business, if owned, and percent of ownership:

Describe

Do you or your parents have other assets that can be used for this trip? If so, please describe.

Describe

Outstanding Loans *(other than mortgage and automobile):*

Outstanding Loan

Outstanding Loan

Are there any unusual financial circumstances that might affect your family’s ability to contribute toward your Israel experience? If so, please describe here.

Describe