



**ISRAEL EXPERIENCE SCHOLARSHIP
APPLICATION**

**PASSPORT TO ISRAEL FUNDS MUST BE USED BEFORE A SCHOLARSHIP
CAN BE CONSIDERED**

Applicant Information

Name _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ Date of Birth _____

E-mail _____

Enrolled in Passport to Israel? No Yes

Years: _____ to _____ Synagogue (if applicable) _____

Family Information

Parent/Guardian 1:

Name _____

Address _____

City _____ State _____ Zip _____

E-mail _____ Best way to contact this person _____

Home Phone _____ Work Phone _____ Cell Phone _____

Parent/Guardian 2:

Name _____

Address _____

City _____ State _____ Zip _____

E-mail _____ Best way to contact this person _____

Home Phone _____ Work Phone _____ Cell Phone _____

Number of people in household _____ Number of dependent children _____

Synagogue affiliation, if applicable: _____

Applicant Background information

Jewish community involvement: synagogue, school, youth group, etc.

	Dates

General Education

Beginning with most recent, list schools and colleges attended.	Dates	Degree & Date	Major	GPA

Essay Statement

Student: In 50 – 100 words, please explain why you have selected this Israel program and how you expect the experience to impact your Jewish identity.

Please enclose the statement on a separate piece of paper stapled to this application form.

Program Information (Please provide all information requested)

Name of Program Sponsoring Organization

Address City State Zip

Cost of Program Trip Date: From To

Attach documentation provided by the program showing program fees

Description of Program

Is this your first trip to Israel? ___ Yes ___ No _____

Financial Information

Trip Budget

Program Expenses		Program Funding Sources	
Program	\$	Parents	\$
Airfare	\$	Applicant contribution	\$
Spending Money	\$	Other family contributions	\$
Hotel	\$	Program Scholarship	\$
Other:	\$	Synagogue Scholarship	\$
Other:	\$	Your Federation Passport Savings	\$
Other:	\$	Federation Scholarship	\$
Other:	\$	Other:	\$
<u>Total</u>	\$	Total	\$

Please provide the financial information requested below. The quality of the information that you provide ensures the equitable allocation of funds to those students who need it most. This allows the allocation process to meet both your expectation of fairness, but also that of the Federation donor community of St. Paul, who generously make these scholarships possible.

Family Financial Information (Confidential)

Please provide the financial information requested below.

Parent/Guardian 1:

Name _____

Employer _____ Occupation _____

Gross Annual Income: \$ _____ Marital status _____

Do you receive: Child support \$ _____ Alimony/Spousal Support: \$ _____
(amount per year)

Parent/Guardian 2:

Name _____

Employer _____ Occupation _____

Gross Annual Income: \$ _____ Marital status _____

Do you receive: Child support \$ _____ Alimony/Spousal Support: \$ _____
(amount per year)

Special Circumstances

Please check all that apply:

Single parent household

Uninsured medical expenses \$ _____ (amount)

Recent job loss

Please describe any other extraordinary circumstances relevant to this application:

Signature of Applicant

Date

Signature of Parent

Date

Please mail to:
St. Paul Jewish Federation
Attn: Israel Experience Scholarships
790 S. Cleveland Ave., Suite 227
St. Paul, MN 55116
Phone: 651-690-1707
Fax: 651-690-0228

Questions?: Please contact Stacy Dockman at sdockman@stpaulfed.org

Deadline: March 31, 2022