

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: 651-695-3186
Fax: 651-690-0228

Please note: Families of scholarship applicants must make a pledge to the current Federation Annual Campaign and resolve any past due pledges with the Associate Development Director.

Deadline: March 29, 2019