



ST. PAUL  
Jewish Federation®

ISRAEL EXPERIENCE SCHOLARSHIP  
APPLICATION

**IF YOU ARE A PASSPORT PARTICIPANT, ALL PASSPORT 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:

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\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
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

*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 31, 2020**