



## 2019 ISRAEL SCHOLARSHIP APPLICATION

### THE JEWISH FEDERATION OF CENTRAL ALABAMA

The Jewish Federation of Central Alabama (JFCA) makes Israel Program grants available to local Jewish families and youth. The grants are up to \$1,000 for first time trips to Israel. It is the intent of the JFCA to encourage Jewish persons (high school youth, college students and young adults) to visit Israel. By doing so, we hope that the numbers of those who have the opportunity to go to Israel will increase. It is also the intent of JFCA to build and sustain strong commitment to Judaism among our youth, who will be our leaders of tomorrow.

#### To be eligible for a JFCA Grant, the applicant shall:

- I. Be at least age twelve, and, if below college age, attending a school located within the geographic area served by the JFCA.
- II. Belong to a family who is a current member of the Jewish Federation of Central Alabama in good standing, and who will use the grant in the calendar year for which it is awarded.
- III. This grant will be for a program in Israel that is sponsored by an educational or religious organization that is approved by the JFCA.
- IV. The number of grants awarded in any given year depends upon funds available and qualifications of the applicants. The JFCA reserves the right to determine the number of grants to be awarded.

**Please complete and submit the following application to [info@jewishmontgomery.org](mailto:info@jewishmontgomery.org) by March 15, 2019. If you have any questions, please contact either Tzili McDonald at 334-277-5820 or Kathy Hess at 334-277-1697.**

#### APPLICANT GENERAL INFORMATION

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (Apt. #)

\_\_\_\_\_  
(City) (State) (Zip Code)

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Birthplace: \_\_\_\_\_  
(Month) (Day) (Year)

Parent or Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (Apt. #)

\_\_\_\_\_ (City) (State) (Zip Code)

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Is your family affiliated with a synagogue, youth group or other Jewish community group or activity?  No  Yes.

If yes, which one(s)? Please explain your position or involvement. \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

## PROGRAM INFORMATION

When do you plan to travel to Israel? \_\_\_\_\_

What is the length of your program? \_\_\_\_\_

Which group or program will you be traveling with? \_\_\_\_\_

What is the total cost of your trip? \_\_\_\_\_

Have you applied for any additional scholarships, stipends or other monies to help finance this trip?  No  Yes If yes, how much? \_\_\_\_\_

**Upon returning from Israel, grant recipients will be responsible for sharing their experiences with our community through a presentation, newspaper article, speaking engagement or other appropriate venue. Please acknowledge that you have read this statement and agree to comply by signing here:** \_\_\_\_\_

By signing this form, I declare that all information submitted is accurate and verifiable.

**Your Signature:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_