



**Jewish Federation of New Hampshire
Irving and Bernice Singer Israel Experience Grant Application**

Send completed application to: Nancy Frankel, Israel Experience Grant Chair
7 McAllister Road, Bedford, NH 03110 or via email corkysmagic@gmail.com

Parent(s)/Guardian(s) Information:

Name(s): _____

Phone: _____ Email: _____

Address: _____

City, State, Zip: _____

Synagogue Affiliation: _____

Student's Information:

Full Name: _____ Date of Birth: _____

Phone: _____ Email: _____

High School Currently Attending: _____

Grade student will be entering: _____

_____ I am applying for the grant of \$1,000.

_____ I am applying for the grant of \$1,800. I have continued through the 10th grade or completed the high school program at the following synagogue _____.

Trip Information:

Name of Israel Program: _____

Date of Trip: _____

Name of Specific Trip: _____

Name of Trip Provider: _____

Address of Trip Provider: _____

City, State, Zip: _____

Contact Person: _____ Phone Number: _____

(over)



We understand that the grant will be sent directly to the trip provider when the statement is submitted to JFNH.

We understand that our family must be a member in good standing with a minimum of a \$100 annual contribution to the current JFNH Annual Campaign.

We also understand the following teen expectations:

- Participate in three pre-trip sessions with the JFNH Israeli Emissary
- Submit an article The New Hampshire Jewish Reporter upon their return.
- Share their experiences and promote this program by speaking at the JFNH Annual Meeting, or an Information Session.

Signature of Teen

Date

Signature of Parent

Date