# jfed jpg logo transparent background

# JEWISH EDUCATIONAL TRIPS (JET) FUND GRANT APPLICATION

*The purpose of the Jewish Educational Trips (JET) Fund grant is to provide supplemental funds for Jewish teens and young adults, ages 16-29, to participate in impactful Jewish educational or experiential trips with the understanding and expectation that, upon their return, they will be active participants in Jewish life in their community. Grants are awarded at the discretion of the JET Fund Committee.*

Please complete this application and return it to the Federation by mail, 5603 South Braeswood Boulevard, Houston, TX 77096, e-mail [pwalden@houstonjewish.org](mailto:pwalden@houstonjewish.org) or fax (713-721-6232). For questions, please call 713-729-7000, extension 309. All information is kept confidential.

*An incomplete application will delay the review of your application.*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** |  | | | | Male  Female | | Age |  |
| **Permanent** Address/City/State/Zip | | |  | | | | | |
| **Temporary** Address/City/State/Zip | | |  | | | | | |
| **E-Mail** | |  | | **Daytime Phone** | |  | | |
| Are you a **Student**?  **YES**  **NO** | | | | | | | | |
| If yes, what is the name of the **School** you attend? | | | | | | | | |
| In what **Year** will you graduate? | | | | | | | | |
| What will be your **Degree**? | | | | | | | | |
| What is your **Religion**? | | | | | | | | |
| Are you a member of a **Congregation**?  **YES**  **NO** | | | | | | | | |
| If yes, what is the name of your **Congregation** | | | | | | | | |
| Are you **Employed**?  **YES**  **NO** | | | | | | | | |
| If yes, what is the name of your **Employer**? | | | | | | | | |
| What is your **Current Annual Salary**? | | | | | | | | |
| What is the name of the **Program** for which you are requesting funding? | | | | | | | | |
| What is the **Program’s** mailing **Address/City/State/Zip** to send funds? | | | | | | | | |
| What is the name of the Organization sponsoring the **Program**? | | | | | | | | |
| What is the length of the **Program**? | | | | | | | | |
| On what dates(s) does the **Program** begin and end? | | | | | | | | |

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| --- | --- | --- | --- | --- | --- |
| **Program Cost** | | | | **$** |  |
| **Airfare Cost** | | | | **$** |  |
| **Program Discounts** | | | | **$** |  |
| How much will you contribute towards the **Program**? | | | | **$** |  |
| How much will family and friends contribute towards the **Program**? | | | | **$** |  |
| How much will you receive from other sources towards the **Program**? | | | | **$** |  |
| Is there an Israel component to this **Program**?  **YES**  **NO** | | | | | |
| Have you ever been to **Israel**?  **YES**  **NO** | | | | | |
| If yes, in what year and what was the length of your trip? | | | | | |
| Have you ever received an **Israel** scholarship from the Federation?  **YES**  **NO** | | | | | |
| If yes, in what year, and what was the amount you received? | | | | | |
| Briefly describe the **Program** for which you are requesting funding: | | | | | |
| What is the Jewish component of this **Program**? | | | | | |
| Explain your interest in participating in this **Program**: | | | | | |
| How will this **Program** enhance your participation and leadership in the Jewish community upon yourreturn? | | | | | |
| **YOUR** *Signature* |  | **Date** |  | | |