

# Israel Travel/Study Grant Teen – Young Adult Application



**Deadline:** Rolling basis. Award decisions are made within a 45 days of receiving the application. Recipients are selected based on demonstration of community involvement and educational interest.

Date of application: \_\_\_\_/\_\_\_\_/20\_\_\_\_

Applicant's name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Parents Email Address: \_\_\_\_\_

Name of Parents: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

High School Attending: \_\_\_\_\_ Current Grade \_\_\_\_\_

Name of Synagogue: \_\_\_\_\_

Name of Israel Teen Program: \_\_\_\_\_

**Please submit brochure or printed website materials describing full program as well as all tuition/fee's associated with the program to be considered.**

Reasons for Participating in Program: \_\_\_\_\_

Jewish/Community Involvement: \_\_\_\_\_

Session/Dates Attending: \_\_\_\_\_

Total Cost of Program: \$ \_\_\_\_\_

Amount Personally  
Contributed by Teen: \$ \_\_\_\_\_

Amount Requested from  
Grinspoon Foundation: \$ \_\_\_\_\_  
*(Visit [hgf.org](http://hgf.org))*

Amount Contributed  
by Family: \$ \_\_\_\_\_

Amount Requested  
From other sources: \$ \_\_\_\_\_  
*(synagogues, youth groups)*

Amount Requested  
from the Federation: \$ \_\_\_\_\_  
*(You must request a specific amount  
in order to receive consideration)*

Teen's signature: \_\_\_\_\_ Parent's signature: \_\_\_\_\_

**RETURN TO: Jewish Federation of the Berkshires, 196 South St., Pittsfield, MA 01201  
or email to [jfb.officemanager@verizon.net](mailto:jfb.officemanager@verizon.net)**

**Your family must have contributed to the Federation's past years  
campaign in order to be eligible for any scholarship.**