



Greensboro
JEWISH FEDERATION

THE **STRENGTH** OF A PEOPLE.
THE **POWER** OF COMMUNITY.

Greensboro Jewish Federation: 2018-2019 Israel Experience Grant Program

NOTE: All information will be kept confidential.

PERSONAL AND FAMILY INFORMATION

NAME OF APPLICANT: _____
(First) (Middle) (Last)

ADDRESS: _____
(Street) (City/State) (Zip)

Email address: _____ Cell phone: _____

Do we have permission to text you at this cell phone number? YES / NO (circle one)

Date of Birth _____ High School Attended _____

How many years have you lived in Greensboro? _____

What will your student status be in August? (Junior, etc.) _____

What grade and school will you attend in August? _____

Synagogue/Temple Affiliation (if any) _____

Parent Name: _____ Parent Name: _____

Occupation: _____ Occupation _____

Employer: _____ Employer: _____

Address: _____ Address: _____

Phone No.: _____ (Circle: cell/home) Phone No.: _____ (Circle: cell/home)

Email: _____ Email: _____

My parent(s) or guardian(s) is/are a contributor(s) to the 2017-18 Annual Campaign of the Greensboro Jewish Federation: YES / NO (circle one)

Other dependents of parent/guardian:

Name, Age and Relationship Name, Age and Relationship

Name, Age and Relationship Name, Age and Relationship

TRIP INFORMATION

Sponsoring Organization: _____

Name of Program: _____

Address & Phone #: _____

Dates: From: _____ to _____ Program Website URL: _____

Cost: (include cost charged by trip provider, international flights, domestic flights): \$ _____

PERSONAL INFORMATION (use the back of the page if necessary)

List work experiences and student/community activities, if any:

Please answer the following questions in a brief essay feel free to use additional space as needed: Why do you want to go to Israel? Why did you choose this program? What do you know about Israel and what do you hope to learn on this trip? What do you hope to bring back to your community after attending this trip?

I have read and fully accept all of the conditions and understand my responsibilities as described in the program criteria checklist for the Israel Experience Grant Program of the Greensboro Jewish Federation. All of the information on this form is true and complete to the best of my knowledge.

(Applicant's Signature)

(Date)

(Parent/Guardian Signature)

(Date)

Please return a copy with Liability Release Form and Policy attached to Outreach and Engagement Manager