

## **Greensboro Jewish Federation Israel Experience Grant Policies • Application • Release from Liability**

*Please read carefully, check off all criteria that apply to you, and sign where indicated. Return with completed application form, Release from Liability form, and proof of registration with an approved Israel experience program. Make copies of everything. Return one copy with your application and keep one copy for your records. All parts of this application are to be completed by the applicant.*

### **Program Objective:**

The purpose of this program is to provide incentive grants to encourage rising high school juniors through college-age young adults to participate in peer group trips to Israel. The Greensboro Jewish Federation has a commitment to connecting young people to Eretz Yisrael. The Greensboro Jewish Federation is pleased to offer the following grants for programs: (Please mark the one for which you are applying)

- |  |        |
|--|--------|
| <input type="checkbox"/> Program of 7-30 days duration in Israel         | \$1800 |
| <input type="checkbox"/> Program of 30-90 days duration in Israel        | \$2000 |
| <input type="checkbox"/> Program of 91 days or longer duration in Israel | \$2250 |

### **Program Criteria Check List:**

- I am a rising Junior or Senior in high school, enrolled in college, or will be 23 years old or younger on the date of my trip departure.
- I have NOT been on *Birthright Israel*\* or have previously received an Israel Experience Grant from the Federation.
- I am a member of the Greensboro Jewish community and a resident of Greensboro or its environs.
- At least one of my parents or legal guardians lives in Greensboro or its environs. That family member or guardian is a member in good standing with the Greensboro Jewish Federation and has contributed to the Federation Annual Campaign this year.
- I have scheduled my interview with the Greensboro Jewish Federation's Outreach and Engagement Manager, [(336) 852-5433] to be held on \_\_\_\_\_ (date of interview).
- I commit to participating in eight hours of community service for the Greensboro Jewish Federation BEFORE the start of my Israel experience. Through this, I am intending to demonstrate a responsibility to our community. I have spoken with Jewish Family Services of Greensboro's Volunteer Coordinator, [(336) 852-5433] to begin my service.
- I will submit a reflection piece upon my return, such as an article for *Shalom Greensboro* Magazine, shalomgreensboro.org website blog post, creative writing paper, etc.
- I will use this grant in the year it is given, for an approved, not for profit, Israel Experience program which has been approved by the Greensboro Jewish Federation. I understand that the grant may not be used in increments for more than one program and that this grant is ONE TIME ONLY.

\*The Greensboro Jewish Federation, along with many other federations in North America, has made an allocation, since 1999 to support the *Birthright Israel* program. The *Birthright Israel* gift is open to all Jewish young adults, ages 18-26, post high school. The trip is open to all Jewish young adults regardless of congregational (synagogue) affiliation, community involvement, or financial wherewithal. The trip includes a round-trip ticket to Israel and 10 days of significant informational educational programming. All Hillel organizations on U.S. campuses, including North Carolina Hillel, are active partners in the *Birthright Israel* program. Students who have been on *Birthright Israel* cannot apply for the Greensboro Jewish Federation grant.

**Greensboro Jewish Federation Israel Experience Grant**  
**Program Application** (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 #: \_\_\_\_\_ (Circle: cell/home) Phone #: \_\_\_\_\_ (Circle: cell/home)

Email: \_\_\_\_\_ Email: \_\_\_\_\_

My parent(s) or guardian(s) is/are a contributor(s) to the current 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

**Greensboro Jewish Federation Israel Experience Grant**  
**Program Application** *(All information will be kept confidential.)*



**Trip Information**

Sponsoring Organization: \_\_\_\_\_

Name of Program: \_\_\_\_\_

Address & Phone #: \_\_\_\_\_

Dates: From: \_\_\_\_\_ to \_\_\_\_\_ Program Website: \_\_\_\_\_

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

\*Please include the following with your completed application:

- Copy of the Registration Form submitted to a work or study program in Israel sponsored by a recognized national Jewish organization.
- Copy of the letter of acceptance and/or proof of registration into the above-named program.

**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

**Greensboro Jewish Federation Israel Experience Grant**  
**Release from Liability.**



**Release from Liability:**

The Greensboro Jewish Federation has made available to the child of the undersigned a cash grant to help defray the cost of attending an approved, recognized program for study and travel in Israel. By accepting such a grant, the undersigned parent, for themselves, their child and their respective heirs, personal representatives, successors and assigns, acknowledge and agree that the Greensboro Jewish Federation, its agents and employees, shall not be liable for any loss, injury and damage to the person or property of them or their child that may occur in connection with, or arising out of, the trip to Israel, and further agree not to assert any claim of any nature against the Greensboro Jewish Federation or its agents and employees arising there from.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

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**Please Note:**

- This grant will not pay for more than 50% of the program cost (trip provider fees including international and domestic flights). ***Limited needs-based scholarships from the Jacke and Lottie K. Samet Fund are available through Jewish Family Services.*** For information, contact the Jewish Family Services of Greensboro's Director at (336) 852-5433.
- The difference in cost between the program chosen and the grant from the Federation will be the responsibility of the individual requesting the grant. If the applicant is unable to attend the program and is entitled to a refund, the refund shall first apply to repay the Federation to the extent of the grant.
- Checks will be transmitted directly from the Federation to the sponsor of the program.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

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Complete Criteria Checklist, Application and Release from Liability should be submitted to:  
Greensboro Jewish Federation  
5509-C West Friendly Avenue Greensboro, NC 27410

Attention: GJF Israel Experience Grant